ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1899,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS,
IN INDIA, FOR THE YEAR.

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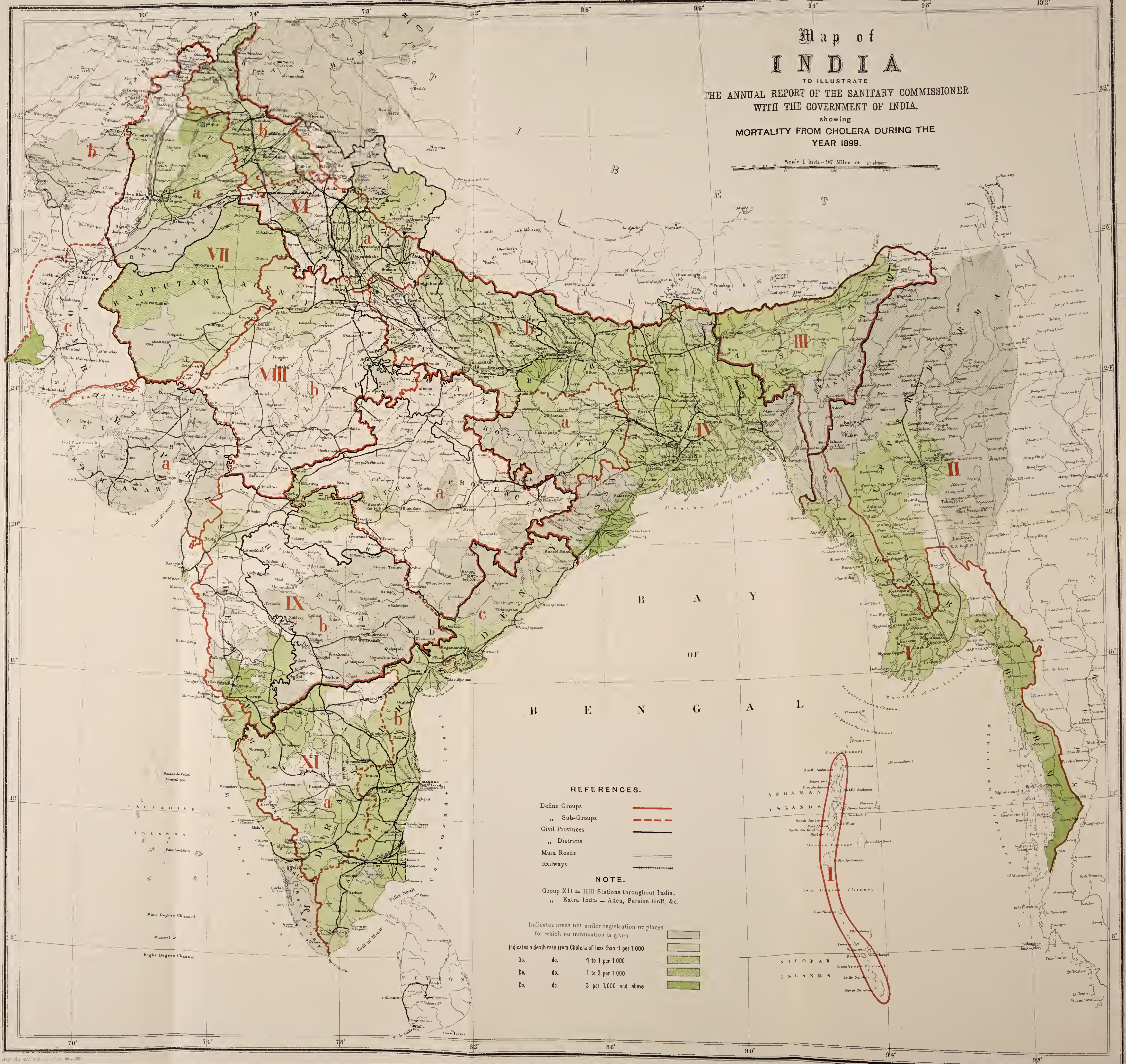

Map of

INDIA

TO ILLUSTRATE

THE ANNUAL REPORT OF THE SANITARY COMMISSIONER

WITH THE GOVERNMENT OF INDIA,

showing

MORTALITY FROM CHOLERA DURING THE

YEAR 1899.

Scale 1 Inch = 96 Miles or

REFERENCES.

Define Groups	▬
,, Sub-Groups	- - -
Civil Provinces	▬
,, Districts	
Main Roads	═
Railways	┼┼┼

NOTE.

Group XII = Hill Stations throughout India.

,, Extra India = Aden, Persian Gulf, &c.

Indicates areas not under registration or places for which no information is given	▨
Indicates a death-rate from Cholera of less than ·1 per 1,000	☐
Do. do. ·1 to 1 per 1,000	▨
Do. do. 1 to 3 per 1,000	▨
Do. do. 3 per 1,000 and above	🟩

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Litho., S. I. O., Calcutta.

ANNUAL SANITARY REPORT FOR 1899.

SURGEONS OF ENGLAND

SECTION I.

METEOROLOGY OF THE YEAR.

Summary of the meteorological phenomena of the year, month by month.

1. The following report on the Meteorology of India has been kindly furnished by the Meteorological Department of the Government of India :—

January.—January 1899 was unusually free from cold weather storms, but there was a persistent excess of pressure in the Persian area and a strong outflow of cool dry air from that area into the Indian region. As a result the mean temperature of the month was lower than usual over nearly the whole of India. The deficiency was shown both in the day and night temperatures, though on the whole it was somewhat greater in the night than in the day temperature. The deficiency in the temperature was greatest (4° to 5°) in Central Bengal, South Bihar and the east of the North-Western Provinces. The deficiency in the night temperature was small over Burma and the south of the Peninsula, but increased westward and northwards, and was more than 6° in the following places, at Dera Ismail Khan, Hyderabad, Montgomery and Malegaon. An important feature in the month was the great cold at night in Baluchistan, Persia and Kashmir. Two well-marked cold waves affected Northern and Central India during the month. The first wave was not remarkable, but the second, which occurred between the 15th and 20th, gave unusually low temperatures to the Gangetic Plain, Central Bihar and Bengal.

The mean pressure of the whole Indian area was 0·003″ below the normal. The variations were small almost everywhere, consisting of a slight excess over Upper Burma and North-West and Central India, and a slight deficiency over the remainder of India. There was a large deficiency at the hill stations in Northern India.

The air was very slightly damper than usual over Bihar and Chota Nagpur and on the Coromandel and Akyab Coasts. Over the whole of the remainder of India it was drier than the average. The air was excessively dry in the Deccan area, Rajputana, the Central Provinces and Central India, where the amount of aqueous vapour present in the air was largely below the normal. Humidity was also largely below the normal over Baluchistan and the Western Himalayas. There was less cloud than usual, except in Bengal, Orissa, the Gangetic Plain, Chota Nagpur and South India, where the sky was more cloudy than the normal. The sky was practically clear of cloud throughout the month in the Central Provinces, Berar, the Bombay Deccan and the Konkan.

There were only two disturbed periods during the month. During the first week of the month two depressions originated in the Central Provinces and thence advanced eastward. They gave light to moderate rain to the Gangetic Plain, Bengal and Orissa, and moderate showers in the Punjab. The second disturbed period occurred between the 26th and 28th, when numerous thundershowers were received over North-East India. In addition, light occasional showers were received in South Madras at different times. The month was thus unusually little disturbed, and the rainfall very scanty, so that over a large part of the country, including the following divisions—Upper Sub-Himalayas, Indus Valley, Rajputana, Central India, Gujarat and the Deccan—rainfall was actually or practically *nil*. The rainfall was in considerable defect in South India, practically normal along the west coast and in Burma inland and Assam, and in excess in Bengal, Orissa and the Gangetic Plain.

February.—The storms though numerous were not severe during the month under review, and occasioned much less rain both in amount and extent than is ordinarily experienced under such conditions. In consequence the variations of the mean temperature of the month from the normal were small over the greater part of India, including Burma, Assam, Bengal, Orissa, the West Coast and South India. The heat was, however, in moderate excess in three divisions, *viz.*, the Indus Valley and North-West Rajputana, the Upper Sub-Himalayas and East Rajputana, Central India and Gujarat. This excess was due more to the maximum than to the minimum temperatures, though over the whole area where the excess was reported both the day and night temperatures exceeded the average. The excess in the day temperatures was between 4° and 5½° over the South Punjab, Sind and part of Rajputana. Between the 15th and 21st a warm wave of considerable intensity followed by a cool wave of slight intensity were registered, while between the 21st and 28th a wave of high and a wave of low temperature passed from Persia right across Northern India.

The mean pressure of the month was in defect by amounts averaging 0·004″. The pressure was below the normal in all provinces, but most so in the Indus Valley and North-West Rajputana. Pressure was in moderate to large excess at the hill stations as compared with the neighbouring plains stations.

The humidity conditions during February were similar to those prevailing in the previous month. The air was drier than usual over the greater part of the country; the mean humidity having been most largely below the normal over Rajputana, Central India, Berar and the west of the Central Provinces. On the other hand, the air was slightly damper than usual over the Indus Valley, Orissa, Bengal, Assam, Burma and the southern half of the Peninsula. There occurred very dry periods between the 19th and 22nd and the 26th and 28th. The sky was considerably more cloudy than usual over Bengal and Orissa and slightly more cloudy over the Peninsula, but over the remainder of India the sky was clearer than usual. The deficiency was considerable in the Indus Valley and North-West Rajputana, and was absolutely greatest at Peshawar.

The month had more than the average number of disturbances, but the depressions were very feeble and gave much less rain than sometimes accompanies these storms. Actually or practically no rain fell over the Bombay Presidency, Rajputana, the adjacent districts of the Punjab and North-Western Provinces, the west of Central India, the Deccan and Madras, with the exception of the southern and Malabar districts, and nearly the whole of Burma. Over the remainder of India rain was received, but the amount was more or less in defect except locally in the Indus Valley and North-West Rajputana and on the West Coast.

March.—As in the preceding month, a large number of storms crossed Northern India during the month under review, but the depressions were feeble and gave little cloud and no rain even over the districts they traversed. These conditions resulted in higher temperature than usual over the greater part of the country. The mean temperature of the month was practically normal over Burma, North-East India and the Peninsula, but was in considerable excess over the remainder of India. The excess was greatest in the west of the North-Western Provinces (4° 6″ at Jhansi). The excess was due more to the day than to the night temperatures, the former having been from 4½°to 5½° above the normal over the East Punjab, Central Rajputana, the North-Western Provinces and West Bengal.

The mean pressure of the Indian area was 0·010″ below the normal. The deficiency was most marked in Burma, Bengal and Orissa.

With a few local exceptions, the air was very dry over the whole country. The abnormal dryness was very marked in four regions, *viz.*, (1) Berar, the Central Provinces and Hyderabad, (2) the South-East Punjab and adjoining districts of the North-Western Provinces, (3) the hill districts of Upper India, and (4) Mysore. There was more cloud than usual on the mean of the month over the extreme north-west of India, and less cloud than usual over the whole of the remainder of India. The sky was practically cloudless throughout the month at several stations in North-East India.

Over by far the greater part of India the rainfall of the month was absolutely or practically *nil*; but as the normal rainfall of March is small over nearly the whole country, the deficiency was generally small and unimportant. Baluchistan, Kashmir, the Punjab Hills and the North Punjab received moderate showers between the 3rd and the 17th, while East Bengal and Assam had moderate rain between the 3rd and the 11th, again between the 14th and the 18th and again between the 27th and 31st. The rainfall of the month was about normal in Assam, the Indus Valley and North-West Rajputana, and in excess in the Burma Coast districts, but elsewhere there had been either no rain or it was in considerable to large defect of the normal.

April.—The weather during April 1899 was more disturbed than usual over the whole of India. A series of depressions passed from west to east across Northern India, while between the 10th and 24th there occurred an unusually prolonged and heavy burst of thundershowers over the Peninsula and North-East India. The mean temperature of the Peninsula, the Central Provinces and North-East India was consequently below the normal. It was on the contrary above the normal over Burma and North-West India. The excess was greatest in inland Burma, where it averaged 1½°. The mean day temperature of the month was in general slight to moderate excess in Burma and North-West India and in defect over the remainder of India. The deficiency was more than 5° at Madura, Coimbatore, Belgaum, Trichinopoly and Salem. The variations of the mean night temperatures were smaller than those of the day temperatures. On the mean of the month the nights were cooler than usual over the Peninsula, Assam, Bengal, the Gangetic Plain and the West Punjab, but were warmer than usual elsewhere.

The mean pressure of the Indian area was practically normal.

The air was drier than usual over North-West India, more particularly in Baluchistan, the Indus Valley, the South-East Punjab and the neighbouring parts of the North-Western Provinces. The humidity was generally excessive elsewhere, and in the Deccan and South India the excess was considerable to large. There was more cloud than usual over all parts of India except the north-west. The excess was large over the Deccan, South India and the Burma divisions.

April 1899 was an exceptionally wet month over the Peninsula and North-East India, while on the contrary no rain fell during the month in Sind, West Rajputana, Central India, North Bombay, the West Punjab and Baluchistan. The rainfall of the month was in considerable to large excess in Lower Burma, Bengal and the Gangetic Plain, and the rainfall in the Peninsula was most abnormal both in amount and character. The average actual rainfall in Southern India and the West Coast was nearly four times the normal, and in the Deccan nearly three times the normal. Rain fell daily in the Peninsula from the 9th to the 24th.

May.—The weather in May 1899 was less disturbed than usual over the Peninsula and the central parts of the country, but was very unsettled and showery over Burma and Northern India. Notwithstanding this distribution of rainfall, the mean temperature of the month was higher than usual, except over the greater part of the Peninsula, Kathiawar and Burma. The mean maximum temperature of the month was generally above the normal over Northern India and at some coast stations of the Peninsula, but over the remainder of India and over Burma the day temperatures were lower than usual. The deficiency was considerable to large over Burma. The mean minimum temperature of the month was very slightly below the normal in some parts of the coasts and of the south of the Peninsula, but was above the normal generally. Two hot periods occurred during the month, one in the second and one in the last week of the month, when maximum temperatures between 115·6° (Kotah) and 122° (Jacobabad) were recorded in North-West India. In addition, very high temperatures were also recorded in parts of North and Central Bengal on the 9th, when maxima between 110° and 113° were recorded.

The mean pressure of the Indian land area was 0·019″ below the normal.

The large excess of temperature over North-West India was accompanied with lower humidities than usual, and at some of the coast stations of the Peninsula humidity was also low, but elsewhere humidity was excessive. The largest excess of humidity was recorded in Burma. There was less cloud than usual over a large part of North-West India, the maximum serenity being recorded in the East Punjab. Elsewhere the sky was more cloudy than usual, the excess having been generally greatest over Burma and Bengal.

There was some delay in the establishment of the monsoon, so that the West and South Coast of the Peninsula received less rain than usual. The chief periods of rainfall were the 1st to the 4th when heavy rain from a cyclonic storm fell in Burma, the 6th to the 11th when local storms gave fairly general showers, the 12th to the 21st when Burma received light rain, Bengal and Assam general rain, the North-Western Provinces, the Punjab and the central districts general showers, and the Peninsula occasional showers, and the 22nd to the end of the month when the West Coast and Burma received interrupted falls of rain from occasional advances of the monsoon current. For the whole month Burma, the North-Western Provinces and part of North Bombay received more rain than the normal, Bengal and Assam received irregular falls, and the remainder of India less rain than usual.

June.—The temperature conditions of the month were largely determined by the irregular distribution of the monsoon rainfall. There was some delay in the establishment of the monsoon along the West Coast, and rain never, during the month, extended heavily into the central parts of the country, while the fall more or less ceased over both Western and Central India after the 24th. On the other hand, there was steady though moderate rain over Burma throughout the month, and in Bengal, the Gangetic Plain, the Punjab and the eas of Rajputana after the middle of the month. As a consequence of this distribution of rain the mean temperature of the month was above the normal over Tenasserim, the greater part of the Peninsula, and the greater part of North-West India and of the Central Provinces It was on the contrary lower than usual over Burma, Assam, Bengal and the Gangetic Plain. The day or maximum temperature was on the mean of the month above the normal over Tenasserim, the Peninsula, the Central Provinces and a considerable part of North-West India. The excess was more than 2° over the North Punjab, the Western Desert and the Deccan. Except over the areas noticed above, the mean maximum temperature was below the normal, the deficiency having been greatest and more than 4° over the Gangetic Plain. A very hot period occurred over Northern India between the 8th and the 11th, when maximum temperatures between 112° and 118° were registered. The mean minimum or night temperature exhibited much the same distribution as that shown by day temperature, *viz.*, an excess over Tenasserim, the Peninsula, the Central Provinces and part of North-West India, and a deficiency over the remainder of the country.

The mean pressure of the Indian land area was 0·009″ above the normal, so that it was practically normal.

The air was generally drier than usual, but the mean humidity of the month was in excess over the South Gangetic Plain and the north of the Central Provinces and around the north of the Bay. A very dry period occurred over Northern India between the 1st and the 7th. The sky was more cloudy than usual in June, except in the Punjab, Lower Sind, Gujarat, Berar, the Circars and the West Coast, where the cloud amount was low. The cloud was in considerable excess over the Gangetic Plain and West Bengal as well as over the Madras Deccan and Mysore.

As mentioned above, the rainfall distribution of the month was irregular. A feeble advance of the monsoon winds occurred over the south of the Arabian Sea on the 4th and 5th, and a heavy burst of rain occurred along the West Coast between the 9th and 12th. Rain continued along the West Coast till the 24th, after which a break set in. Over the central parts of the country the rainfall was light and intermittent, and ceased altogether on the 26th. In North-East and North India, on the contrary, rainfall conditions were more satisfactory. Burma had rain throughout the month, and on the 13th monsoon rainfall set in over most parts of Bengal and spread quickly north-westward up the Gangetic Plain. There was a partial break between the 15th and 20th, but from the 21st to the end of the month rain was general over Burma and Northern India. The total rainfall of the month was generally in defect over Burma, the Central Provinces and Madras, and generally in excess over Assam, Bengal, the North-Western Provinces, the Punjab, Central India and Eastern Rajputana.

July.—The rainfall distribution was irregular. The rainfall was in excess over Burma, Bengal, Orissa, Chota Nagpur and the Gangetic Plain, and was in defect over the remainder of India. The temperature conditions of the month were largely determined by this irregularity in the rainfall conditions. Thus the mean temperature of the month was below the normal over Upper Burma, Assam, Bengal, the North-Western Provinces, the south and east of the Punjab, the east of Central India and the north of the Central Provinces, and was above the normal over the remainder of India. The deficiency was considerable over the Gangetic Plain, while the excess was considerable to large over the Deccan and in parts of North-West India. The mean day or maximum temperature of the month was above the normal over Tenasserim, the Peninsula, the central parts of the country, North Bombay, Rajputana and the Punjab, and was below elsewhere. The excess was large in the Deccan, and the deficiency was large in the Gangetic Plain. A hot period occurred in the north-west between the 2nd and the 6th, when Peshawar recorded a temperature of 113° and Montgomery of 112°. The mean minimum or night temperatures of the month were generally below the normal over the greater part of Bengal, the North-Western Provinces, the north of the Central Provinces and the east of Central India, and generally above the normal over the whole of the remainder of India.

The mean pressure of the Indian land area was again about normal, having been only 0·006″ in excess.

The air was slightly damper than usual over Bengal, Orissa, Chota Nagpur, the Gangetic Plain, the Upper Sub-Himalayas, the Indus Valley and North-West Rajputana.

It was drier than usual elsewhere—more particularly over East Rajputana, Central India and Gujarat. The sky was clearer than usual of cloud, except over Burma, Orissa, Bengal, Chota Nagpur and the Gangetic Plain where it was more cloudy than the normal.

There was again great irregularity in the distribution of rainfall. The rainfall from the Bombay branch of the monsoon was exceedingly scanty, while on the contrary the rainfall from the Bengal branch was heavy and continuous. The Bombay monsoon current occasioned moderate rain along the West Coast from the 1st to the 21st after which rain ceased and the weather was fine. There was no rain throughout the month in Sind, less than one-tenth of an inch in Baluchistan, and less than one inch in the West Punjab, Gujarat, Kathiawar, West Rajputana, the central division of the west coast and the south-central, central and south divisions of Madras. On the other hand, Burma had normal to heavy rain, Assam normal rain, and Bengal, Orissa, the Gangetic Plain and Chota Nagpur excessive rain.

August.—There was no change in the weather during August. The Arabian Sea monsoon current failed, and what were practically hot weather conditions obtained over North-West India and the interior of the Peninsula. On the other hand, the Bay monsoon was of about the average strength and the rainfall was normal or in slight excess over the divisions dominated by this current. As a result the distribution of temperature relatively to the average was very irregular. The mean temperature was in more or less excess except in the north-east. The variations exceeded 2° over a very large part of the country, and were 6° or more over Rajputana, the west of the North-Western Provinces and the east of the Punjab. The mean day or maximum temperature was lower than usual over parts of Bihar, North Bengal, Assam and Burma, but was excessive over the remainder of India. There was a very hot period over North-West India between the 10th and the 13th, when the maximum temperatures were between 10° and 16° higher than usual and in parts of Rajputana, Gujarat, Central India and the Central Provinces the readings were higher than had previously been reported in August. The mean minimum or night temperatures were lower than usual in Baluchistan and parts of the west of the Peninsula but were excessive elsewhere.

The mean pressure of the Indian land area was exactly normal.

The mean humidity of the month was exactly normal over Burma, the Bay Islands, Orissa, Bengal and Bihar. Over the remainder of India the air was drier than usual. The air was exceptionally dry over the South-East Punjab, Rajputana and the Deccan. There was more cloud than usual over the Bay Islands, Burma and North-East India as well as over parts of the Deccan, Mysore and Madras. Over the remainder of India the sky was exceptionally clear.

The Arabian Sea monsoon current again failed and the whole of North-West India, the central parts of the country and the Peninsula had scanty to very scanty rains. In West Rajputana and Sind the total rainfall of the month was less than one-tenth of an inch and in South Madras, the east of Rajputana, the west of Central India, Baluchistan, Kathiawar, Cutch, Gujarat, Hyderabad, the west, south and south-east of the Punjab and the west divisions of the North-Western Provinces was less than one inch. The Bay monsoon on the other hand was about the average, and the rainfall over Burma and North-East India was about the normal, and indeed in Assam was in slight excess.

September.—The whole of North-West India was practically rainless during September, while the Gangetic Plain and the greater part of the Peninsula had only about half the normal rainfall. On the other hand, Burma and North-East India again had average rains, while South India had more than usual. The variations of the mean temperature of the month were mainly determined by this unusual rainfall. The mean temperature of the month was lower than usual at some stations in Assam, on the coasts of the Peninsula and in the Indus Valley, but was excessive elsewhere. The excess was large at Sialkot (+6·0°), at Khandwa (+6·0°), at Ajmer (+6·4°), at Sambhar (+6·1°), at Jhansi (+6·5°) and at Akola (+6·2°). The mean maximum or day temperature was below the normal in parts of Assam, North-East India and Upper Burma and at a few places in South India. It was in excess over the remainder of India. There was a very hot period between the 10th and 12th, when some of the maximum temperatures were higher than any previously recorded in September. The night temperature was in defect over Baluchistan, the Indus Valley, Kathiawar, the North-Western Provinces, the north of the Central Provinces, West Bengal and the Assam Valley, as well as at some stations on the West Coast. Over the remainder of India it was in excess.

The mean pressure of the Indian land area was 0·038″ above the normal.

The air was slightly damper than usual over part of the south of the Peninsula, and the humidity was about the average in North and Central Bengal and the inland parts of Burma. Elsewhere the air was drier than usual. This dryness was strongly marked in two areas, the first including the east of the Punjab and the west of the North-Western Provinces (Ludhiana—27), the second the Central Provinces and Berar (Khandwa—24). The sky was less cloudy than usual over by far the greater part of the country, the deficiency having been most marked over the areas where the deficiency in humidity was greatest.

The rainfall was again scanty in most parts of India. The Bay of Bengal monsoon current was of normal strength and the rainfall due to this current was mainly determined to North-East India by two cyclonic storms. The rain due to these storms was received principally over Bengal and Assam ; Orissa, Chota Nagpur and Bihar having been more or less outside their influence. The total rainfall of Burma, Assam and Bengal was normal or in trifling excess. The Bombay monsoon current was weaker than usual, and the current was largely determined towards the south of the Peninsula. The whole of North Bombay, Rajputana, the west of Central India and of the North-Western Provinces and the Punjab were practically rainless throughout, while over the west of the Peninsula and the Deccan only about half the usual amount fell.

October.—The weather was more disturbed than usual in the north-east, but was even finer than usual over the remainder of India. The high temperatures which had prevailed throughout the preceding months of the monsoon were consequently maintained during the month under review. The weather was slightly cooler than usual on the mean of the month in Lower Sind, the South Punjab, North-East India and the Carnatic Coast, but over the remainder of India it was hotter than the average. The excess of temperature was greatest and more than 5° over the Deccan, Khandesh, Gujarat and the west of the central districts of India. The mean day temperatures of the month were in slight to moderate defect over North-East India and the Madras coast districts, but were in excess over the remainder of India. The excess was very large over the central and western parts of the country, amounting to 11·5° at Khandwa, 10·8° at Akola and 11·2° at Malegaon. The night temperatures were generally in excess over Burma, the Peninsula and the central and north-west parts of the country, but in the Indus Valley they were locally in defect.

The mean pressure of the Indian land area was 0·034″ above the normal.

The air was damper than usual over parts of Madras and Mysore (Madras + 5) and of Orissa and South-East Bengal (Chittagong + 2). Over the remainder of India the air was unusually dry. Over the central parts of the country and the Deccan the air was exceptionally dry, the largest variations having been—36 per cent. at Buldana, —32 per cent. at Akola, —30 per cent. at Khandwa and —26 per cent. at Sholapur. The sky on the mean of the month was unusually cloudy over parts of Madras and Mysore, over the Punjab and over Upper Sind, but elsewhere the unusually cloudless weather noticed in September was maintained. The deficiency in the cloud amount was greatest over the Bombay Coast (Bombay—2·2), the Deccan (Sholapur—2·5) and the Central Provinces and Berar.

There were two storms over the Bay during this month and two periods of rainfall resulted. The first period extended from the 9th to the 17th, when the Madras Coast and North-East India received rain, while the second period extended from the 19th to the end of the month, when the Madras coasts, Orissa, Bengal and Assam received more or less heavy rain. In addition, the hill and submontane divisions of the Punjab and the North-Western Provinces had showers on the 20th and 21st. The total rainfall of the month was excessive in Assam, normal in inland Burma, Bengal, Orissa and South India, and was in greater or less defect elsewhere.

November.—The month was finer and quieter even than usual, and the small normal amount of rain was not received over a great part of the country. In consequence the excessive temperature previously noticed held steadily over the greater part of India.

In Burma, Assam, the greater part of Bengal as well as on both coasts of the Peninsula the mean temperature of the month was below the normal. It was in excess over the remainder of India, particularly so at Amraoti (+6·3°), Saugor (+6·8°) and Jhansi (+7·6°). The day temperature on the mean of the month was low over Burma and North-East India, but was excessive in all other places. The excess was large over the central parts of the country and the interior of the Peninsula. The night temperatures were in excess over North-Western and Central India and the south of the Peninsula, but over the north of the Peninsula they were in defeet.

The mean pressure of the Indian land area was 0·030″ above the normal on the mean of the month.

The air remained drier than usual over nearly the whole country. The abnormal dryness increased in amount from the coast inland, and was very large and more than 20 per cent. over Central India, the Central Provinces, Khandesh, Berar and the Deccan. At Buldana, where the deficiency was greatest, it amounted to —32 per cent. There was more cloud than usual over parts of North-West India and of the Bay area, but was clearer than the average elsewhere, more particularly over the Peninsula.

The month was practically or absolutely rainless over the greater part of Bengal, Orissa, Bihar, the North-Western Provinces, the Punjab, Rajputana, Khandesh, Berar, the Central Provinces, Gujarat, Kathiawar and Sind, but was in excess of the normal over Burma, Assam and the Bengal Hills. The coasts and the south of the Peninsula received more or less rain during the month, but the Deccan and Hyderabad were absolutely rainless throughout. The only cyclonic storm during the month was a very small but rather deep disturbance which struck the coast near Negapatam on the 12th, giving some moderate falls of rain to the south of the Peninsula.

December.—The rainfall was very scanty during December, so that high temperatures continued to be reported from North-West India, the Gangetic Plain, the central parts o the country and the northern half of the Peninsula. The principal excess was reported from North Bombay, the South Punjab, Rajputana and the central parts of the country, where the mean excess ranged from 4½° to 6½°. In the south of the Peninsula, Burma, Assam and a large part of Bengal the temperature on the mean of the month was in defect. The amount of the deficiency was over 2° in parts of Assam and of Central Burma. The day temperatures were low on the mean of the month over Burma, Assam (Sibsagar—4·2°), Bengal and Bihar, but over the remainder of India the day temperatures were in excess. The excess was very large over Khandesh (Malegaon +6·8°), Berar (Akola +8·2°) and the Central Provinces (Khandwa +7·6°). The mean minimum temperature was low over Burma, parts of Assam and Bengal and the south of the Peninsula. The deficiency was large and over 5° in Central Burma.

The mean pressure of the whole country was 0·006″ above the normal.

There had been no important change in the humidity conditions. The air remained drier than usual over nearly the whole country, and the humidity was in large defect (13 per cent. to 23 per cent.) over the Punjab, Berar, the Central Provinces, the Deccan and Mysore. There was more cloud than usual over North-Western and Central India and in parts of the Bay area, and less cloud than usual elsewhere. The excess was considerable in Baluchistan and the Indus Valley.

From the 1st to the 15th of the month there was rain over the south of the Peninsula, and from the 15th to the end of the month there was rain over North-West and North-East India. The returns for the whole month showed that there had been light to moderate rain in the extreme north-west, in the extreme north-east and in the extreme south, but no rain of consequence over the large intervening region. The largest actual deficiency was reported from the south and south-east of the Peninsula, where the rainfall of the retreating south-west monsoon current ended earlier and was throughout lighter than usual.

Year.—In February and April the weather over India was more disturbed than usual, but with these exceptions the weather was quieter and more settled than usual, and the rains to a great extent failed, hence the mean temperature of the year was generally above the normal. In January the weather was cooler, and in February warmer, than the average in nearly all districts, and the mean temperature of the cold weather period was slightly below the normal except in parts of the Peninsula. Cool waves passed from west to east across Northern India between the 1st and 7th of January, the 14th and 15th January and the 21st and 28th February. Very low temperatures were recorded at the hill stations during the first wave, but the lowest night temperatures of the year were generally recorded during the advance of the second wave. At some stations in Bengal the temperatures then recorded were lower than any previously recorded. At the commencement of the hot weather period the weather was much disturbed, and during March and April a series of depressions passed across. In March these depressions occasioned only slight rainfall, but in April the rainfall was in excess of the normal, and there was a prolonged burst of rain in North-East India and the Peninsula between the 10th and 24th. May was less disturbed than usual, and the advance of the monsoon to the southern half of the Peninsula was delayed. In consequence, the mean temperature of March was generally in excess, that of April generally in defect, and that of May generally in excess. The general temperature of the whole hot weather period was higher than usual. This excess was particularly marked in Upper and Central India, where very high temperatures were experienced between the 23rd and 29th of March, the 1st to the 9th of April, the 1st to the 9th of May and the 27th and the 28th of May. The monsoon rains commenced on the Konkan Coast on the 10th and 11th, and advanced quickly into the interior. Before their advance very high temperatures were experienced between the 6th and the 12th of June in Central and North-West India, but on their extension into Upper India a reduction of temperature ranging from 10° to 23° took place. The Bombay current decreased rapidly in strength from June 26th and dry weather set in, and no general rain was received from this current after June. The Bay current, which set in about the normal date, continued until September and gave more abundant rain than usual to North-East India and Burma. The mean temperature of North-Western, Central and Southern India was hence more or less considerably above the normal from June to September, while the mean temperature of North-East India and Burma was generally normal or below the normal. In the concluding three months of the year the mean temperature was steadily in defect over Burma, Assam, Bengal and North Bihar, but over the whole of the remainder of India temperature was largely and steadily in excess. The excess was greatest in Khandesh, the Bombay Deccan, Berar, the Central Provinces, Rajputana and Gujarat, and higher temperatures were recorded in these areas in the months of November and December than have been previously recorded.

The pressure variations for the whole year show that barometric pressure on the mean of all the months and for the whole of India was in trifling excess. There was a slight deficiency in Burma, Bengal, the Gangetic Plain and the Punjab, and a slight excess over the remainder of India. The excess was most marked on the west coast, and was most strongly marked at Aden.

The mean relative humidity of the whole of India for the whole year was below the normal. With the exception of April and May, this feature was common to all the months of the year, but was most marked in October, November and December. The amount of aqueous vapour in the atmosphere was in defect in all months except February, April and May, while in addition the mean temperature was generally high. The driest area was the central parts of India. The cloud amount was less than usual on the mean of the year, and this increased serenity was general throughout the year except in the months of April, May and June.

The rainfall of the whole of India for the whole year was in defect by 11·14 inches. Last year the variation was + 0·43 inch, in 1897 —0·15 inch, in 1896 —4·83 inches. The total rainfall of the year was in excess over the greater part of the North-Western Provinces, Bihar, Lower Bengal, Assam, Arakan, Pegu and Upper Burma, and in defect over the remainder of the country. In the cold weather period the rainfall was in excess in Burma, Bengal, Assam and the east of the North-Western Provinces, but was in defect elsewhere. In the hot weather period the area of excessive rainfall was more extensive including Burma, Bengal, Assam, the greater part of the North-Western Provinces, the Peninsula and the Central Provinces, but in the Punjab, Gujarat, Kathiawar, Rajputana and Central India the rainfall in this period also was deficient. During the monsoon period more rain than usual was received in Burma, Bengal (except the south-west), the greater part of the North-Western Provinces and part of the Madras coast, but over the whole of the remainder of India the rainfall was short, the deficiency having been very large over Western India. In the autumn period the rainfall was lighter than the average practically everywhere.

Appendix to Section I.

TABLE I.—*Showing the monthly* BAROMETRIC PRESSURE *and its variation from the average in thirty-four stations of India during 1899.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.	
	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.
	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″	″
Calcutta (Alipore)	30·016	+·002	29·915	—·038	29·823	—·030	29·751	+·003	29·625	—·033	29·583	+·036	29·543	+·002	29·578	—·018	29·720	+·035	29·890	+·054	29·986	+·025	30·011	—·013
Narayanganj*	·042	—·014	·957	—·045	·887	—·030	·821	+·003	·696	—·048	·634	+·015	·576	—·026	·629	—·025	·769	+·024	·931	+·051	30·017	+·042	30·046	+·006
Chittagong	29·930	—·012	·858	—·045	·789	—·035	·731	—·014	·623	—·046	·575	+·008	·514	—·042	·570	—·034	·677	0	·821	+·034	29·898	+·021	29·927	—·012
Sibsagar*	·758	—·014	·673	—·037	·625	—·011	·560	+·008	·439	—·041	·359	+·003	·312	—·029	·351	—·033	·489	+·013	·666	+·048	·746	+·028	·778	—·002
Silchar*	·978	—·005	·905	—·032	·851	—·013	·786	+·007	·665	—·040	·612	+·027	·551	?	·599	?	·724	+·030	·884	+·071	·960	+·054	·997	+·022
Cuttack*	·996	—·010	·899	—·047	·840	—·016	·762	+·008	·614	—·041	·567	+·035	·541	+·020	·553	—·026	·708	+·048	·873	+·045	·982	+·042	30·017	+·004
Hazaribagh	27·961	—·017	27·889	—·050	27·848	—·014	27·774	+·004	27·667	—·016	27·592	+·014	27·579	+·011	27·613	—·006	27·762	+·052	27·907	+·039	27·977	+·011	27·983	—·016
Patna*	29·898	—·013	29·791	—·060	29·699	—·037	29·621	+·013	29·494	—·031	29·403	—·001	29·373	—·024	29·427	—·026	29·577	+·017	29·771	+·038	29·875	+·012	29·909	?
Darjeeling	22·944	—·023	22·914	—·030	22·926	—·028	22·916	—·031	22·901	—·021	22·884	+·015	22·883	+·015	22·921	+·013	23·003	+·035	23·089	+·061	23·087	+·044	23·022	+·004
Allahabad	29·739	+·010	29·621	—·056	29·529	—·021	29·419	0	29·290	—·027	29·208	+·004	29·217	+·010	29·270	—·003	29·420	+·044	29·583	+·028	29·688	+·003	29·728	—·025
Lucknow*	·697	—·010	·586	—·061	·508	—·029	·412	+·003	·284	—·031	·185	—·008	·162	?	·229	—·020	·382	+·023	·573	+·039	·665	—·001	·698	—·023
Meerut	·279	—·004	·168	—·064	·095	—·020	28·987	—·004	28·843	—·035	28·759	—·005	28·759	—·006	28·809	—·024	28·958	+·018	·138	+·021	·087	+·002	·273	—·032
Delhi*	·335	—·001	·230	—·052	·170	—·014	29·064	+·005	·941	—·011	·843	+·009	·816	—·007	·880	—·005	29.033	+·028	·205	+·029	·296	—·002	·335	—·021
Agra*	·517	—·002	·404	—·059	·350	—·010	·227	—·011	29·105	—·020	·998	—·010	·986	—·007	29·049	—·009	·201	+·024	·373	+·016	·470	—·007	·522	—·020
Jhansi*	·216	+·003	·117	—·052	·072	—·006	28·946	—·015	28·830	—·020	·729	—·009	·725	+·011	28·785	+·011	28·933	+·044	·089	+·036	?	?	·229	+·003
Ajmer*	28·434	?	28·348	—·051	28·330	+·002	·203	—·027	·104	—·020	·004	—·014	27·997	+·016	·076	?	·213	+·053	28·344	+·018	28·427	+·003	28·416	—·010
Saugor*	·240	+·009	·171	?	·144	?	·035	—·006	?27·936	—·002	27·838	+·006	·841	+·037	27·895	+·036	·033	+·094	·157	+·030	·234	+·018	·264	+·008 ?
Jubbulpore*	·703	—·017	·625	—·048	·591	—·010	·481	—·020	28·374	—·024	28·285	?	28·296	+·023	28·335	?	·482	+·058	·615	+·025	·702	+·008	·736	—·005
Mooltan*	29·674	?	29·561	—·071	29·498	—·020	29·354	—·026	29·174	—·061	29·054	—·031	29·036	—·028	29·131	—·009	29·293	+·014	29·501	+·025	29·614	—·016	29·669	—·030
Lahore	·336	+·008	·221	—·053	·159	—·009	·024	—·014	28·858	—·049	28·759	—·014	28·744	—·027	28·825	—·018	28·991	+·024	·181	+·031	·235	—·012	·332	—·023
Peshawar	28·935	—·009	28·855	—·051	28·805	—·007	28·665	—·023	·469	—·074	·344	—·043	·320	—·041	·410	—·022	·592	+·010	28·799	+·020	28·898	—·007	28·948	—·020
Ranikhet	24·093	—·018	24·070	—·017	24·108	+·025	24·065	+·002	24·007	—·007	23·925	—·012	23·907	—·015	23·955	0	24·066	+·036	24·175	+·056	24·183	+·025	24·152	+·003
Chakrata	23·256	—·035	23·246	—·018	23·302	+·024	23·262	—·009	23·224	—·002	·149	—·007	·125	—·003	·179	+·010	23·276	+·030	23·375	+.048	23·360	+·017	23·328	—·007
Indore*	28·212	+·012	28·147	—·021	28·134	+·022	28·032	—·001	27·959	+·010	27·858	+·007	27·874	+·056	27·932	+·053	28·051	+·084	28·137	+·028	28·213	+·026	28·249	+·025
Deesa	29·561	+·025	29·468	—·038	29·425	+·003	29·292	—·031	29·214	—·020	29·114	—·009	29·131	+·035	29·211	+·039	29·339	+·058	29·416	+·001	29·520	+·009	29·554	—·002
Kurrachee	30·066	+·035	·953	—·046	·910	+·014	·762	—·030	·646	—·030	·520	—·016	·534	+·030	·628	+·038	·780	+·061	·888	+·016	·994	+·010	30·026	—·026
Bombay	29·962	+·011	·904	—·021	·867	—·007	·813	+·003	·769	0	·671	+·002	·747	+·078	·772	+·045	·859	+·073	·860	+·018	·947	+·037	29·966	+·016
Belgaum	27·405	—·012	27·369	—·031	27·355	—·005	27·307	—·001	27·274	—·004	27·225	—·006	27·274	+·040	27·281	+·021	27·339	+·039	27·350	+·010	27·417	+·033	27·435	+·013
Nagpur	28·965	+·009	28·890	—·021	28·838	+·016	28·743	+·022	28·623	—·009	28·569	+·006	28·614	+·053	28·634	+·022	28·749	+·071	28·865	+·041	28·955	+·018	28·990	+·006
Bellary	·488	—·013	·427	—·040	·399	—·003	·336	+·001	·282	—·008	·271	+·002	·309	+·027	·312	+·008	·378	+·038	·410	+·014	·497	+·036	·520	+·013
Bangalore	26·976	—·012	26·943	—·032	26·935	—·003	26·879	—·001	26·841	—·004	26·829	+·007	26·854	+·020	26·851	+·007	26·907	+·032	26·920	+·014	26·993	+·046	26·996	+·014
Madras	29·990	—·001	29·937	—.031	29·900	—·004	29·820	+·007	29·731	—·004	29·712	+·012	29·740	+·018	29·730	—·010	29·806	+·032	29·866	+·025	29·972	+·051	30·010	+·033
Rangoon	·922	—·021	·882	—·027	·837	—·021	·788	—·009	·747	—·008	·768	+·033	·715	—·018	·721	—·038	·791	+·010	·884	+·037	·927	+·029	29·937	—·006
Akyab	·976	—·018	·928	—·026	·877	—·021	·820	—·010	·722	—·036	·697	+·020	·642	—·027	·678	—·029	·772	+·011	·899	+·045	·962	+·023	·988	—·005

* The barometric means of these stations are the means of 8 hours ony.

Appendix to

TABLE II.—*Showing the Highest, Lowest and Mean TEMPERATURE in shade and its*

Stations.	January.				February.				March.				April.				May.				June.			
	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.
	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°
Calcutta (Alipore)	79·8	44·4	63·0	−2·2	87·6	50·4	71·1	+1·1	99·7	62·7	81·6	+2·4	105·4	67·8	85·5	+0·5	104·9	70·4	86·5	+1·1	97·2	73·2	84·2	−0·3
Narayanganj*	78·1	46·2	63·4	−3·3	86·6	51·8	69·9	−0·2	94·1	63·3	79·5	+0·3	96·6	68·2	82·4	−1·4	98·6	71·7	84·1	+1·0	93·6	70·7	82·8	−0·9
Chittagong	82·4	46·8	64·6	−1·5	86·7	50·3	70·7	+0·6	93·6	59·7	77·9	+1·1	92·9	65·5	80·2	−0·3	94·9	73·1	81·9	+0·9	89·1	70·5	79·7	−0·8
Sibsagar*	71·3	40·5	57·5	−2·4	78·3	41·9	62·0	−1·0	87·2	52·4	69·5	−0·2	90·2	59·9	72·9	−1·7	93·2	69·0	79·6	+0·7	93·7	70·5	80·6	−2·6
Silchar*	80·4	42·0	62·3	−2·5	85·9	48·0	68·0	+0·5	93·5	55·4	75·2	+0·8	96·1	62·4	77·8	−0·5	99·1	71·3	82·7	+2·7	93·5	70·8	81·5	−1·0
Cuttack*	88·9	48·6	70·9	−1·4	97·4	55·1	78·4	+0·8	104·4	65·2	86·3	+1·6	108·5	72·0	88·4	−1·8	111·5	72·2	90·9	+0·4	104·4	73·2	86·6	−1·5
Hazaribagh	77·2	40·3	57·4	−3·5	86·3	48·2	66·2	+0·6	99·2	59·2	78·7	+3·3	103·1	61·2	83·9	−0·3	104·9	65·3	86·1	+0·5	108·1	70·8	82·8	+0·9
Patna*	74·0	41·2	58·1	−3·3	85·5	48·4	66·7	+1·5	102·4	54·4	78·7	+1·3	105·5	61·3	85·2	−1·9	108·0	72·7	89·3	+0·9	107·5	75·2	87·0	−1·4
Darjeeling	49·9	26·3	36·9	−2·4	54·8	?	?	?	65·0	34·5	48·5	+0·3	69·2	40·0	53·3	−0·6	69·8	49·0	58·7	+2·4	67·4	53·0	60·1	+03
Allahabad	77·9	36·5	56·5	−4·1	89·7	43·7	66·7	+1·4	105·4	53·0	79·4	+1·6	105·3	66·4	87·1	−0·6	112·4	74·5	93·9	+1·5	113·1	75·8	88·3	−2·3
Lucknow*	80·2	36·1	56·8	−3·3	87·3	41·1	66·4	+2·0	105·8	51·2	78·8	+2·8	107·8	64·3	85·9	−0·8	112.3	65·8	92·5	+2·2	113·3	72·3	89·2	−2·3
Meernt	75·9	35·8	53·6	−2·6	83·0	43·5	62·5	+1·7	101·7	47·5	74·9	+3·6	103·4	61·1	83·1	+0·6	111·3	75·7	93·7	+5·2	111·5	67·0	87·5	−3·1
Delhi*	75 2	39·4	55·7	−3·8	83·2	44·9	65·1	+1·8	101·7	55·9	78·2	+3·0	102·2	64·4	84·5	−2·4	110·7	75·6	93·6	+1·9?	110·7	71·6	90·2	?
Agra*	80·0	38·9	58·0	−3·0	90·0	49·4	67·9	+2·9	105·5	55·9	79·8	+2·6	104·0	68·9	86·4	−1·8	111·0	75·9	95·0	+1·3	114·5	74·9	91·2	−3·7
Jhansi*	83·7	42·9	60·6	?	95·2	51·9	71·2	+3·8	107·8	59·4	83·9	+4·6	106·8	68·9	90·0	+0·1	112·9	77·9	97·3	+2·4	113·4	73·1	90·7	−2·9
Ajmer*	81·4	33·5	56·1	−3·4	89·9	45·3	65·7	+2·9	102·4	49·8	77·9	+3·6	103·9	62·2	85·6	+1·2	110·4	74·5	93·8	+3·3	106·9	71·6	91·1	+0·9
Saugor*	83·2	41·0	60·1	−3·1	91·3	53·1	70·5	+3·1	102·3	58·1	81·3	?	103·3	65·1	86·8	−0·2	109·4	74·1	92·0	+0·8	108·4	69·1	86·5	−1·4
Jubbulpore*	83·9	34·9	59·3	−3·5	92·0	42·9	68·0	+1·2	103·5	51·9	78·3	?	104·0	64·7	87·0	+0·8	111·5	77·1	93·1	+1·5	110·0	71·6	88·2	+0·
Mooltan*	76·8	32·5	54·1	−2·3	88·3	43·4	64·0	+4·5	103·9	51·9	75·7	+3·5	107·4	63·0	84·5	+1.9	117·5	76·0	96·9	+6·6	118·5	74·5	97·0	+2·5
Lahore	71·6	32·0	50·8	−1·2	80·6	41·4	60·7	+4·0	98·6	48·2	72·9	+5·1	104·6	57·4	80·9	+1·3	114·5	72·1	93·9	+6·5	114·1	72·5	92·3	+1·1
Peshawar	71·2	28·9	47·9	−1·6	76·1	37·1	54·6	+2·1	91·0	48·0	65·8	+2·8	101·0	54·3	73·9	+0·8	115·0	66·9	88·2	+4·8	115·5	72·5	92·0	+2·1
Ranlkhet	60·6	27·2	42·5	−3·5	62·4	31·0	47·9	+0·8	78·0	45·0	60·8	+4·3	80·0	44·0	61·8	−3·1	87·2	54·0	71·4	+3·2	89·1	54·6	70·6	+0·1
Chakrata	58·7	21·1	38·3	−3·3	62·7	27·6	43·8	+1·5	73·2	39·1	54·9	+3·6	73·6	40·0	55·8	−3·9	80·3	50·1	65·5	+0·7	81·6	51·4	66·0	−1·1
Indore*	85·7	37·6	60·8	−3·8	92·2	46·1	68·7	+1·7	102·6	52·1	78·0	+1·4	103·1	61·1	84·7	+0·1	108 0	67·6	89·2	+0·2	103·6	69·6	83·9	−0·7
Deesa	90·1	38·4	64·3	−3·3	96·2	48·0	72·2	+1·7	102·0	58·8	81·9	+1·2	?	63·6	?	?	113·3	72·0	91·5	+0·3	107·0	73·9	89·7	−0·1
Kurrachee	84·6	40·6	62·6	−2·4	91·6	50·7	69·5	+1·3	95·6	58·0	75·4	−0·1	105·4	67·3	82·2	+2·5	109·4	76·6	85·7	+1·7	111·4	73·1	87·4	+0·6
Bombay	89·0	59·1	71·7	−1·5	88·4	65·9	75·5	+0·4	89·4	70·0	79·5	+0·7	92·2	74·7	82·4	−0·2	92·2	77·9	85·1	+0·4	92·0	74·7	82·4	−0·8
Belgaum	85·4	47·8	68·5	−1·4	94·4	53·8	72·4	−0·4	95·9	59·8	77·4	+0·3	100·6	60·9	76·2	−3·0	99·0	62·7	76·3	−1·4	89·1	64·9	72·0	−0·6
Nagpur	90·0	40·4	66·3	−1·9	95·7	53·2	74·1	+0·4	107·4	61·1	85·6	+2.3	107·4	68·6	88·5	−2·0	114·1	77·6	95·0	+0·4	114·2	72·9	88·2	+2·2
Bellary	93·8	52·7	73·0	−0·2	101·8	60·8	80·6	+0·9	104·5	62·8	85·6	0	104·6	71·2	85·9	−3·3	106·8	71·2	88·2	−0·4	101·2	73·2	83·0	+0·1
Bangalore	85·0	51·0	67·6	0	92·5	51·2	72·6	+0·7	94·3	59·3	77·2	+0·3	94·6	65·5	78·4	−1·7	94·9	63·8	77·8	−0·8	90·9	64·5	75·2	+1·0
Madras	88·2	60·1	74·8	−0·7	91·5	64·5	77·0	−0·1	98·1	65·6	80·1	−0·7	101·8	73·9	83·7	−1·0	104·3	73·5	87·7	+0·3	103·5	75·3	88·4	+1·1
Rangoon	92·7	58·2	74·0	0	99·1	58·9	75·7	−0·7	101·8	66·5	82·0	+1·5	102·5	73·7	84·6	−0·1	94·3	71·2	79·9	−2·6	89·6	72·9	79·1	−0·3
Akyab	84·6	52·8	68·4	−1·6	88·5	54·3	72·9	+0·6	95·3	62·2	79·4	+1·4	94·2	71·9	83·1	+0·3	92·1	74·8	82·6	−0·6	89·9	75·3	80·9	+0·3

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* The mean temperature for these stations i

Section I.

variation from the average of each month in thirty-four stations of India during 1899.

JULY.				AUGUST.				SEPTEMBER.				OCTOBER.				NOVEMBER.				DECEMBER.				STATIONS.
Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	Highest.	Lowest.	Mean.	Variation.	
°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	
93·2	75·6	83·2	+0·1	94·3	75·1	84·4	+1·9	94·6	76·7	84·7	+2·2	92·1	68·4	80·0	0	86·2	57·7	71·5	−0·9	84·1	50·0	66·1	+0·8	Calcutta (Alipore).
91·1	75·2	83·1	−0·7	93·6	76·2	83·7	+0·4	95·1	75·7	84·1	+0·5	90·0	69·2	81·1	−0·5	84·1	60·3	73·4	−1·5	80·6	51·8	66·7	−1·1	Narayanganj.*
89·6	74·1	79·8	−0·2	92·8	74·0	80·9	+1·2	91·5	73·4	81·2	+0·6	90·4	65·3	78·9	−0·1	84·4	57·0	71·6	−2·4	81·5	51·1	65·9	−1·5	Chittagong.
93·2	75·5	82·6	−1·9	94·7	75·0	82·7	−1·1	92·2	72·0	81·2	−1·4	89·7	64·5	76·4	−1·6	80·8	53·9	67·6	−1 6	73·3	44·9	59·3	−1·8	Sibsagar.*
98·1	75·3	83·8	?	100·6	75·3	83·9	+1·0	97·6	74·3	83·1	+0·1	93·0	63·4	80·1	−0·6	89·0	57·9	73·2	−1·1	81·9	46·0	65·1	−2·3	Silchar.*
95·4	74·7	84·3	+0·2	97·4	76·2	85·9	+2·2	97·9	73·2	86·1	+2·3	96·4	69·2	82·5	+0·3	89·4	60·6	75·2	−0·4	87·4	52·6	70·9	+0·8	Cuttack.*
88·2	70·3	77·0	−1·1	90·0	73·0	79·2	+1·9	91·4	68·3	79·1	+3·1	92·2	58·5	75·1	+1·6	87·1	53·2	68·1	+1·3	80·5	47·4	62·5	+2·0	Hazaribagh.
93·0	74·7	82·1	−2·9	95·5	74·2	84·7	+0·3	95·0	73·2	84·8	+0·1	93·5	62·3	80·9	+0·5	85·0	54·9	71·0	+0·3	79·0	46 7	63·6	+1·0	Patna.*
73·2	55·5	61·1	0	73·1	56·5	61·5	+0·9	69·0	51·5	59·9	+1·2	67·3	43·6	54·1	−0·3	57 5	38·4	45·7	−1·7	59·0	31·8	41·1	−0·8	Darjeeling.
92·4	72·4	81·7	−3·0	98·6	75·0	84·1	+0·9	97·9	65·7	83·8	+0·6	99·4	55·4	78·4	−0.2	93 6	50·2	69·2	+0·2	83·9	43·1	62·3	+1·6	Allahabad.
93·8	72·8	83·5	−2·2	99·3	74·8	85·9	+1·4	98·3	64·3	84·9	+0·9	98·3	55·2	79·0	+0·7	93·3	48·7	69·9	+2·5	83·3	40·6	63·5	+3·0	Lucknow.*
96·3	74·3	84·1	−1·4	101·7	74·6	87·5	+3·7	103·5	65·8	86·0	+3·2	101·5	53·1	76·8	+1·2	86·8	42·8	64·2	+0·3	82·5	40·4	60·2	+3·0	Meerut.
99·2	76·5	85·6	−1·7	106·7	78·0	91·7	+6·3	104·2	73·6	89·8	+5·2	101·2	59·1	81·2	+1·3	90·2	53·1	71·4	?	82·7	44·1	64·5	+3·1	Delhi.*
97·0	75·9	84·0	−2·6	103·0	76·4	91·4	+6·9	105·0	71·9	89·9	+5·6	104·5	60·9	83·7	+3·4	94·5	54·9	74·0	+4 5	85·5	47·4	66·6	+4·5	Agra.*
96·2	75·1	82·4	−2·2	101·3	76·6	89·7	+7·0	105·3	74·6	89·5	+6 5	104·3	64·6	86·0	+5·6	97·2	58·6	77·9	+7·6	91·2	52·2	70·2	+5·8	Jhansi.*
97·4	75·6	85·1	+1·3	103·4	76·6	88·9	+7·9	104·4	70·7	88 0	+6·4	102·4	55·7	81·5	+4·3	94·4	48·3	72·1	+5·8	87·9	46·3	66·0	+5·8	Ajmer.*
88·8	69·1	77·4	−1·9	95·8	72·1	81·9	+3·9	97·8	68·1	82·5	?	99·8	60·1	81·6	+5·6	93·3	58·1	75·1	+6·8	86·3	52·1	69·7	?	Saugor.*
90·9	71·6	78·8	−1·4	95·0	72·6	81·9	+2·6	95·0	62·2	81·9	+2·0	97·0	52·9	77·4	+1·9	92·5	46·4	70·3	+3·7	86·9	42·9	65·1	+4·5	Jubbulpore.*
109·4	78·5	94·6	?	111·4	75·5	92·7	+1·6	108·4	67·5	90·6	+2·0	104·4	56·9	79·7	−0·2	92·3	50·9	70·3	+2·4	84·3	44·4	63·5	+4·9	Mooltan.*
108·6	74·9	91·7	+3·4	106·1	75·1	91·6	+5·0	106·8	66·1	89·1	+5·2	102·8	54·2	76·4	+1·9	90·1	48·1	66·7	+1·9	82·6	40·2	58·9	+5·7	Lahore.
113·0	71·8	91·4	+1·8	109·0	70·8	88·5	+1·3	104·0	63·2	83·6	+1·6	95·5	48·6	71·4	+0·5	85·1	43·6	61·6	+3·0	76·6	36·9	54·3	+3·4	Peshawar.
78·0	60·2	67·6	−0·6	78·8	57·6	67·9	+1·1	77·1	58·4	67·0	+1·5	75·1	47·0	61·6	+0·9	67·3	43·1	54·5	+0·5	63·2	38·0	49·6	+0·3	Ranikhet.
71·0	57·1	63·7	−0·9	73·9	55·7	63·2	−0·2	72·8	49·0	62·0	+0·3	74·5	44·3	58·6	+1·8	69·1	39·8	51·1	+0·6	63·1	35·1	46·8	+1·3	Chakrata.
89·7	70·1	78·3	+0·2	94·7	70·1	81·0	+4·1	99·1	64·1	81·6	+4·2	100·1	53·0	81·0	+5·6	94·7	49·1	72·8	+5·0	88·7	48·5	68·5	+4·8	Indore.*
101·4	75·0	87·6	+3·8	102·7	75·0	87·6	+6·1	104·9	71·0	86·6	+4·7	108·3	61·9	87·1	+6·4	100·4	57·6	78·6	+4·6	95·5	55·7	74·3	+6·1	Deesa.
95·4	77·4	84·2	+0·2	92·4	76·2	83·7	+1·6	90·9	73·3	81·9	+0·3	102·4	60·6	79·8	+0·1	98·6	58·8	76·2	+2·1	88·2	57·5	71·6	+4·6	Kurrachee.
87·0	76·0	82·1	+1·2	87·2	75·0	81·2	+1·3	87·8	73·8	81·1	+1·4	93·7	74·5	82·9	+1·8	91·2	71·9	79·4	+0·3	90·4	68·2	77·1	+1·1	Bombay.
84·1	63·9	70·6	+0·5	82·3	63·4	70·4	+0·9	85·8	62·0	71·5	+1·2	90·0	59·7	74·9	+2·6	88·6	56·2	72·0	+1·2	86·2	53·5	71·0	+1·6	Belgaum.
95·9	72·1	82·2	+2·0	100·0	73·1	83·4	+3·2	102·0	69·6	84·9	+4·6	101·1	61·9	83·3	+4·5	96·5	55·4	76·6	+3·9	94·0	50·2	71·2	+4·4	Nagpur.
98·2	73·5	82·3	+1·8	99·2	71·0	82·7	+1·9	97·2	70·8	80·1	0	97·2	65·7	80·7	+1·9	95·0	59·1	76·2	+1·0	92·6	56 9	73·3	+1·0	Bellary.
90·4	62·2	75·6	+3·3	91·9	62·9	75·2	+2·9	89·0	61·0	72·9	+0·6	87·3	61·9	73·6	+1·6	84·7	53·6	69·1	−0·7	83·5	50·9	67·3	−0·1	Bangalore.
102·8	71·0	87·0	+1·8	100·8	73·2	85·3	+1·3	98·9	74·0	83·1	−0·7	95·4	71·5	80·1	−1·0	88·2	66·5	77·7	−0·4	85·8	62·5	74·7	−1·3	Madras.
88·8	73·1	79·0	+0·7	89·6	72·0	78·6	+0·1	90·1	73·6	79·6	+0·9	90·9	72·7	80·9	+1·1	90·7	61·8	76·4	−1·5	91·6	58·5	74·0	−1·4	Rangoon.
88·9	75·0	80·0	0	91·5	76·1	81·4	+1·2	89·8	75·4	82·0	+0·6	90·7	?	?	?	86·8	?	?	?	82·3	?	?	?	Akyab.

the mean of the maximum and minimum temperatures,

Appendix to Section I.

TABLE III.—*Showing the mean monthly* HUMIDITY *and its variation from the average in thirty-four stations of India during 1899.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.	
	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.	Mean.	Variation.
	%		%		%		%		%		%		%		%		%		%		%		%	
Calcutta (Alipore)	66	—3	63	—2	58	—8	63	—5	76	+2	82	—1	87	0	85	—3	81	—5	77	—4	68	—5	66	—4
Narayanganj*	87	?	88	?	86	?	88	?	88	?	90	?	90	?	90	?	87	?	85	?	86	?	91	?
Chittagong	72	—1	75	+5	74	0	80	+6	83	+3	87	+1	89	+2	87	0	86	0	85	+2	78	—1	79	+3
Sibsagar*	99	?	98	?	95	?	82	?	93	?	91	?	94	?	95	?	96	?	98	?	76	?	99	?
Silchar*	93	?	86	?	82	?	84	?	88	?	92	?	91	?	92	?	91	?	91	?	88	?	91	?
Cuttack*	79	?	83	?	80	?	76	?	78	?	83	?	83	?	83	?	80	?	82	?	83	?	74	?
Hazaribagh	52	+1	40	—2	25	—9	32	+4	46	+6	65	—1	85	0	80	—5	66	18	52	—12	40	—14	40	—12
Patna*	78	?	69	?	54	?	58	?	67	?	84	?	92	?	86	?	81	?	73	?	74	?	79	?
Darjeeling	82	+1	?	?	89	+16	82	+6	90	+3	95	+1	97	+2	95	0	94	0	88	+5	84	+4	74	—2
Allahabad	63	—3	50	—6	36	—6	32	+1	38	+1	58	+2	85	+4	77	—6	67	—12	54	—12	55	—7	55	—11
Lucknow*	76	?	65	?	45	?	40	?	54	?	71	?	91	?	83	?	74	?	66	?	70	?	72	?
Meerut	52	—13	53	—3	42	—7	33	—4	37	—3	60	+8	81	+7	66	—11	52	—18	47	—10	51	—5	54	—8
Delhi*	55	?	52	?	35	?	35	?	42	?	55	?	77	?	56	?	47	?	40	?	41	?	47	?
Agra*	59	?	56	?	43	?	41	?	45	?	61	?	86	?	62	?	54	?	46	?	50	?	58	?
Jhansi*	50	?	41	?	27	?	31	?	41	?	61	?	81	?	61	?	58	?	41	?	43	?	46	?
Ajmer*	64	?	57	?	45	?	38	?	50	?	64	?	78	?	66	?	64	?	42	?	54	?	59	?
Saugor*	45	?	42	?	33	?	41	?	48	?	67	?	86	?	76	?	63	?	50	?	45	?	43	?
Jubbulpore*	67	?	60	?	36	?	37	?	38	?	61	?	87	?	81	?	74	?	60	?	55	?	59	?
Mooltan*	56	?	66	?	56	?	41	?	39	?	52	?	64	?	62	?	52	?	44	?	55	?	62	?
Lahore	54	—9	55	—3	41	—9	37	0	32	—1	47	+7	58	—3	53	—12	39	—18	36	—11	43	—7	50	—8
Peshawar	49	—13	65	+7	56	—1	47	—5	35	—4	37	—1	53	0	52	—9	42	—12	38	—9	42	—11	51	—9
Ranikhet	?	?	57	—5	38	—15	42	—2	49	—1	64	—2	90	+4	81	—7	64	—17	42	—19	45	—14	45	—13
Chakrata	55	—7	60	—3	40	—13	43	0	50	+2	65	—2	94	+3	89	—3	67	—17	40	—20	39	—16	39	—12
Indore*	60	?	51	?	35	?	49	?	59	?	75	?	82	?	79	?	75	?	46	?	47	?	45	?
Deesa	27	—10	26	—4	24	—5	25	—3	44	+4	53	—1	57	—17	53	—22	50	—16	20	—22	22	—12	28	—8
Kurrachee	45	—11	60	+2	67	+2	67	—3	76	+3	71	—4	79	+1	78	—1	74	—3	56	—7	55	+1	56	+3
Bombay	59	—10	65	—3	67	—5	70	—4	69	—5	79	—3	79	—8	78	—9	77	—8	72	—8	66	—4	61	—8
Belgaum	45	—2	43	+4	45	+4	60	+9	62	+1	84	+2	87	—3	84	—5	83	—2	65	—7	48	—11	35	—15
Nagpur	37	—15	39	—3	22	—12	40	+12	36	+7	56	—4	71	—9	69	—10	56	—19	37	—23	33	22	36	—16
Bellary	40	—12	43	+3	33	—3	42	+3	37	—7	47	—11	48	—15	50	—13	56	—8	50	—13	44	—18	44	—14
Bangalore	60	—1	54	+2	41	—9	62	+9	66	+4	69	—4	66	—11	68	—10	79	+3	70	—5	57	16	56	—12
Madras	76	+1	76	+2	76	+2	79	+5	67	—1	57	—8	61	—6	68	—4	76	+3	85	+5	80	—1	82	+3
Rangoon	60	—4	70	+7	61	—3	67	+1	87	+9	89	0	90	0	92	+2	89	0	81	—3	77	—1	63	—9
Akyab	73	+3	78	+10	77	+6	81	+8	87	+9	90	+3	90	+1	87	—1	85	—1	?	?	?	?	?	?

* Mean of 8 hours only.

Appendix to Section I.

TABLE IV.—*Showing the monthly and annual RAINFALL and its variation from the average in thirty-four stations of India during 1899.*

STATIONS.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.	
	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.	Actual.	Variation.
	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.	Inches	Inches.
Calcutta (Alipore)	0·21	−0·11	0·06	−1·05	0·01	−1·29	2·75	+1·27	9·65	+4·02	16·94	+6·05	21·47	+9·52	8·90	−3·60	8·94	−0·12	3·02	−0·68	0	−0·74	0	−0·37	71·95	−12·90
Narayanganj	1·52	+1·28	3·27	+2·01	1·81	−0·86	4·96	−0·21	12·38	+2·10	15·72	+2·66	15·74	+1·96	12·66	+0·34	8·78	+0·27	3·55	−0·87	0	−1·74	0·19	−0·06	80·58	+6·88
Chittagong	0·12	−0·32	0·82	−0·41	1·05	−1·14	6·05	+1·38	14·29	+4·41	30·99	+8·70	28·10	+5·20	17·97	−1·91	12·49	−0·85	24·35	+18·37	2·27	+0·70	0	−0·62	138·50	+33·51
Sibsagar	0·91	−0·31	3·09	+0·91	6·38	+1·62	7·44	−2·48	13·43	+2·03	13·42	−0·78	13·50	−2·40	18·39	+2·21	13·09	+1·30	3·35	−1·65	0·60	−0·52	0·36	−0·22	93·96	−0·29
Silchar	0·76	+0·11	1·02	−1·42	5·48	−2·50	4·22	+0·40	12·62	−3·64	33·48	+13·44	24·38	+4·27	15·07	−3·73	17·78	+3·74	13·21	+6·68	0	−1·37	0·14	−0·44	138·16	+15·54
Cuttack	0	−0·36	0·15	−0·37	0	−1·27	4·80	+3·58	5·47	+1·84	11·53	+0·28	10·95	−1·44	5·55	−6·61	6·82	−3·65	10·55	+5·09	0	−1·44	0·01	−0·37	55·83	−4·72
Hazaribagh	1·18	+0·66	0·10	−0·69	0	−0·71	0·53	+0·16	3·24	+1·46	14·84	+6·40	17·64	+3·78	6·33	−6·59	1·40	−6·72	0·34	−3·02	0	−0·34	0	−0·20	45·60	−5·81
Patna	1·02	+0·34	0·47	−0·05	0	−0·36	1·15	+0·87	2·45	+0·74	11·94	+4·65	19·21	+8·07	10·96	+0·45	4·18	−3·60	1·93	−0·94	0	−0·22	0	−0·15	53·31	+9·80
Darjeeling	3·05	+2·34	0·56	−0·54	2·79	+0·77	5·11	+0·99	12·78	+4·90	27·47	+2·94	43·40	+12·08	23·72	−2·62	36·42	+18·73	1·32	−4·16	0·18	−0·05	0·07	−0·13	156·87	+35·25
Allahabad	0·73	−0·03	0·05	−0·41	0	−0·41	1·09	+0·97	0	−0·31	8·97	+3·86	17·13	+4·02	11·03	+0·77	1·69	−4·82	0·03	−2·46	0	−0·26	0	−0·22	40·72	+1·60
Lucknow	0·35	−0·53	0·24	−0·12	0	−0·34	0·09	−0·03	2·42	+1·57	6·54	+1·11	18·39	+7·11	5·81	−5·73	1·49	−5·36	0	−1·39	0	−0·09	0	−0·45	35·33	−4·25
Meerut	0·15	−0·97	0·02	−0·75	0	−0·67	0·12	−0·22	0·65	−0·08	11·29	+7·74	3·97	−5·45	1·44	−6·38	0·32	−4·00	0	−0·46	0	−0·09	0	−0·39	17·96	−11·71
Delhi	0·05	−1·04	0·15	−0·45	0	−0·70	0·38	+0·03	0·38	−0·35	4·53	+1·25	5·17	−3·46	1·24	−6·41	0·22	−4·05	0	−0·42	0	−0·10	0	−0·43	12·12	−16·13
Agra	0·02	−0·55	0·07	−0·22	0	−0·26	0·55	+0·40	1·04	+0·41	9·79	+7·02	11·45	+1·76	0·26	−6·81	0·33	−4·07	0	−0·41	0	−0·06	0	−0·27	23·51	−3·06
Jhansi	0·04	−0·55	0·27	−0·01	0	−0·37	0·45	+0·32	0·32	+0·01	14·90	+10·03	11·94	−0·91	0·93	−10·12	0·71	−5·18	0	−0·72	0	−0·07	0	−0·24	29·56	−7·81
Ajmer	0	−0·35	0	−0·31	0	−0·35	0·96	+0·87	0·20	−0·43	3·38	+0·81	4·91	−2·02	0·10	−7·36	0·45	−2·66	0	−0·29	0	−0·21	0	−0·29	10·00	−12·59
Saugor	0	−0·68	0·48	−0·04	0	−0·24	0·17	0	0·15	−0·41	5·26	−2·16	12·80	−3·71	3·06	−9·30	1·40	−6·61	0	−1·27	0	−0·36	0	−0·57	23·32	−25·35
Jubbulpore	0·04	−0·64	0·18	−0·31	0	−0·52	0·08	−0·13	0·92	+0·44	4·34	−4·50	18·46	−0·46	7·57	−7·32	3·51	−4·82	0	−1·64	0	−0·40	0	−0·26	35·10	−20·56
Mooltan	0	−0·42	0·20	−0·15	0·02	−0·44	0·03	−0·24	0	−0·42	1·55	+1·12	0·71	−1·62	0·62	−0·92	0	−0·65	0·10	+0·02	0·05	−0·02	0	−0·27	3·28	−4·01
Lahore	0	−0·90	0·13	−1·00	0·20	−0·76	0·29	−0·26	0	−0·83	1·61	−0·27	2·73	−4·02	0·90	−4·05	0·25	−1·85	0·10	−0·36	0	−0·13	0	−0·46	6·21	−14·89
Peshawar	0	−1·57	3·07	+1·84	2·68	+0·81	1·24	−0·54	0·20	−0·40	0·17	−0·11	0·88	−0·82	0·95	−1·20	0	−0·67	0·06	−0·14	0	−0·64	0·05	−0·49	9·30	−3·99
Ranikhet	1·32	−1·31	1·97	−0·16	0·13	−1·82	1·82	+0·65	0·80	−1·74	9·52	+3·18	15·68	+2·50	6·00	−7·55	0·92	−6·07	0	−1·46	0	−0·28	0	−0·85	38·16	−14·91
Chakrata	2·34	−0·66	3·52	+0·15	1·13	−1·63	2·58	+1·14	3·88	+1·33	12·16	+3·83	21·94	+3·11	10·39	−7·35	4·27	−2·04	0·27	−0·58	0	−0·38	0	−1·11	62·48	−4·19
Indore	0	−0·28	0·02	−0·24	0	−0·05	0·01	−0·17	0·59	+0·08	6·79	+0·14	6·25	−3·42	0·63	−6·96	1·39	−6·24	0·07	−1·14	0	−0·28	0	−0·20	15·75	−18·76
Deesa	0	−0·16	0	−0·15	0	−0·09	0	−0·04	0·66	+0·49	1·09	−1·37	0·04	−9·56	0·02	−7·84	0	−3·60	0·12	−0·50	0	−0·15	0·07	+0·03	2·00	−22·94
Kurrachee	0	−0·73	0	−0·32	0·36	+0·20	0	−0·14	0	−0·04	0	−0·51	0	−3·22	0·09	−1·61	0	−0·65	0	−0·05	0·18	0	0	−0·19	0·63	−7·26
Bombay	0	−0·13	0	−0·02	0	−0·01	1·57	+1·54	0·08	−0·51	20·77	+0·15	4·76	−20·05	5·23	−9·83	3·49	−7·33	0	−1·81	0	−0·50	0	−0·05	35·90	−38·55
Belgaum	0	−0·07	0	−0·03	0·19	−0·29	3·59	+1·60	0·33	−2·42	11·00	+1·69	4·18	−11·24	2·21	−6·83	6·81	+3·06	2·24	−3·02	0	−1·40	0	−0·26	30·55	−19·21
Nagpur	0	−0·61	0·14	−0·25	0·02	−0·59	0·42	−0·03	0·57	−0·14	4·94	−3·80	3·54	−10·02	2·69	−6·90	2·04	−6·15	0	−2·29	0	−0·55	0	−0·46	14·36	−31·79
Bellary	0	−0·11	0	−0·03	0	−0·46	2·23	+1·47	0·84	−1·12	1·79	−0·06	0·08	−1·35	0·96	−1·33	7·91	+4·13	1·68	−2·45	0·15	−1·11	0	−0·22	15·64	−2·64
Bangalore	0	−0·19	0	−0·13	0	−0·56	3·35	+2·02	4·52	−0·20	0·80	−2·49	0·51	−3·51	1·87	−3·93	11·82	+5·68	2·31	−3·99	0	−2·15	0·24	−0·39	25·42	−9·84
Madras	0·06	−0·80	0	−0·28	0	−0·39	2·79	+2·18	0·95	−1·08	0·52	−1·55	4·14	+0·30	2·52	−2·13	5·94	+1·24	22·29	+11·45	1·30	−12·25	0·49	−4·83	41·00	−8·14
Rangoon	0	−0·12	0	−0·27	0	−0·18	0·72	−1·10	24·24	+13·45	14·52	−4·10	16·51	−5·09	27·01	+8·33	18·21	+2·08	2·46	−4·82	0·30	−2·46	0	−0·07	103·97	+5·65
Akyab	0	−0·14	0	−0·19	0	−0·46	2·96	+1·36	15·74	+3·08	49·70	+0·27	75·24	+23·84	33·85	−5·40	26·85	+3·91	15·54	+4·15	6·30	+2·92	0	−0·48	226·08	+32·76

SECTION II.

EUROPEAN ARMY OF INDIA.

India.

2. The health of the European army of India was again much better than in the preceding year, and only the invaliding rate was greater than the corresponding decennial ratio. The year on the whole was hot and dry with deficient rainfall, as may be read on pages 7 and 8 of Section I. To these meteorological conditions was apparently due the fact that admission, death, and invaliding from malarial fevers were much reduced.

Year.	Strength.	Ratio per mille of strength.				
		Admissions into hospital.	Constantly sick.	Deaths.	Invaliding.	Total loss.
1889-98 . .	691,080	1,468	89	16·49	28	44
1898 . . .	67,741	1,437	90	20·05	38	58
1899 . . .	67,697	1,149	73	12·75	32	44

The chief causes of admission were venereal diseases and ague. Among the diseases with increased admission rates were influenza, small-pox, tubercle of the lungs, and pneumonia. On the other hand, the admission rates from cholera, remittent fever, ague, enteric fever, simple continued fever, bowel-complaints, hepatitic affections, and venereal diseases were lessened. Venereal diseases caused 27 per cent. of the total sickness, and ague 20 per cent.

The chief causes of death were enteric fever and hepatic abscess. Among the diseases with increased mortality were small-pox, pneumonia, and circulatory diseases. On the other hand, the mortality from malarial fevers, enteric fever, cholera, dysentery, and abscess of the liver was lessened. Enteric fever caused 40 per cent. of the total deaths, and hepatic abscess 10 per cent.

The chief causes of invaliding (Table LIII) were, in order, syphilis and gonorrhœa, malarial fevers, debility, disordered action of the heart, and dysentery: syphilis and gonorrhœa especially, and malarial fevers, being far ahead of the others.

Commands.

3. In Table I the ratios of the four commands are placed side by side for comparison. Bengal had the highest mortality from heat-stroke, tubercle of the lungs, and dysentery; the Punjab the highest from enteric fever, remittent fever, pneumonia, and other respiratory diseases; and Madras the highest from hepatic abscess. All the commands were more healthy than in 1898.

Geographical groups.

4. The following table shows that, judging by the constantly sick rate, Gangetic Plain, Central India, and Burma Inland were the most unhealthy groups for the decennium, and Hills and Western Coast the most healthy; that the

decennial cholera mortality was highest in Gangetic Plain, and lowest in Western Coast; and that enteric fever mortality was highest in the Hills, and lowest in Burma Inland. In 1899 all the ratios, except the enteric mortality of Southern India and the Convalescent Depôts, were lower than those of the decennium :—

		Ratio per 1,000 of strength.												
		I	II	IV	V	VI	VII	VIII	IX	X	XI	XII*a*	XII*b*	
		Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	North-Western Frontier, Indus Valley, and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts and Sanitaria.	India.
1889-98	Constantly sick .	95·2	97·8	91·8	103·0	94·5	90·8	99·1	93·7	80·2	86·2	78·7	87·8	89·3
	Death—Cholera .	·15	·34	·78	4·32	·81	·75	1·46	·78	·07	·39	·31	·21	1·11
	Death—Enteric fever	3·67	2·01	3·26	7·80	8·16	7·32	9·31	5·15	3·15	3·27	19·13	5·02	6·54
1898 ...	Constantly sick .	86·4	78·6	80·8	102·4	95·3	95·2	99·1	97·7	82·7	86·8	77·9	95·6	90·0
	Death—Cholera .	...	...	·84	·15	·78	...	...	...	...	·28	...	...	·21
	Death—Enteric fever	·82	·75	2·94	13·61	11·21	13·93	14·31	5·45	·66	3·12	14·30	3·48	10·17
1899 ...	Constantly sick .	73·0	77·5	85·7	85·7	75·3	59·4	78·3	78·4	69·8	79·7	54·7	79·1	73·0
	Death—Cholera .	...	...	...	...	·08	...	...	...	...	...	...	...	·01
	Death—Enteric fever	2·49	1·36	1·90	6·02	6·90	6·48	9·10	4·01	1·86	4·70	4·20	5·20	5·14

In Table II the vital statistics of the groups for 1899 will be found placed side by side to facilitate comparison. The most unhealthy group was Bengal-Orissa. Burma Coast had the highest admission rate from influenza, simple continued fever, tubercle of the lungs, and venereal diseases; Bengal-Orissa the highest from ague, dysentery, and hepatic abscess; Indus Valley the highest from small-pox, remittent fever, and pneumonia; Central India the highest from enteric fever and diarrhœa; Southern India the highest from hepatic congestion; the Hills the highest from rheumatic fever; and the Convalescent Depôts the highest from respiratory diseases other than pneumonia.

The percentage of dysentery and hepatic abscess to total admissions in 1899 was greatest in Bengal-Orissa; of enteric fever, diarrhœa, and pneumonia in Hill Stations; of simple continued fever and remittent fever in Indus Valley; and of venereal diseases in Western Coast.

Stations.

5. The death ratios of all stations will be found in Table III, and the actuals in Table IV. The highest ratios amongst the large garrisons with a strength of over 1,000 were those of Peshawar (21·59), Lucknow, Umballa, and Bangalore (17·35). The first three were also in this black list in 1898, but their ratios in 1899 were greatly reduced, especially that of Peshawar. The Bangalore ratio, on the contrary, was higher than in 1898.

Regiments.

6. The statistics of individual regiments and of the different arms of the service may be studied in Table XIV. The cavalry had the highest constantly sick and death-rates, and an invaliding rate exceeded only by that of the artillery,

which had the highest admission rate. The highest constantly sick rates in the various arms of the service were those of the 3rd Hussars, the 29th Battery, Southern Division, Royal Garrison Artillery, the 2nd Battalion, King's Own Yorkshire Light Infantry, and the 1st Battalion, Royal Warwickshire Regiment; the highest death-rates those of the 3rd Hussars, the 7th Battery, Eastern Division, Royal Garrison Artillery, the 72nd Battery, Royal Field Artillery, and the 1st Battalion, Royal Irish Rifles. This last was stationed at Dum-Dum and Calcutta after arrival in April from Natal, and its chief causes of death were dysentery, hepatic abscess, ague, and enteric fever. The principal loss of the 3rd Hussars at Lucknow was from enteric fever.

Principal Diseases.

7. Sickness and mortality having been studied in their relation to India, to commands, to geographical groups, to stations, and to regiments, it will be convenient now to discuss the statistics of some of the chief diseases.

Influenza. (1)

8. At the end of 1898 and the beginning of 1899 influenza was falling. It began to rise in February, and reached its maximum for the year in May, though there was a rise again in October and November. The following table shows the increase of total in 1899. It also shows the monthly progress and the annual fluctuations of the disease since 1890, the first epidemic year:—

PERIOD.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	Per mille of strength.
1890	...	3	473	1,451	248	69	13	2	3	...	...	1	2,263	33·4
1891	1	...	1	16	77	91	112	29	20	2	2	21	372	5·5
1892	113	53	354	241	57	4	32	8	...	...	...	...	862	12·7
1893	1	...	...	15	4	...	...	...	...	...	...	1	21	·3
1894	7	9	12	70	101	30	7	7	...	2	...	...	245	3·4
1895	14	7	52	156	66	35	17	1	5	13	23	165	554	7·8
1896	262	65	140	30	12	7	3	3	88	128	50	20	808	11·5
1897	12	10	31	9	11	30	8	8	...	54	87	12	272	4·0
1898	7	19	82	213	162	57	6	...	1	...	9	8	564	8·3
1899	6	10	145	136	167	79	42	11	1	12	59	6	674	10·0
TOTAL .	423	176	1,290	2,337	905	402	240	69	118	211	230	234	6,635	...

The actual maximum of the individual years of the ten occurred in various different months, but over the ten-year period as a whole the greatest numbers of cases occurred in April and March, and the smallest numbers in August and September: 83 per cent. of the whole in the first six months of the year, and only 17 per cent. in the last six months. Geographical Groups I, II, V, VI, IX, XI, XII*a*, and XII*b* were attacked both in 1898 and in 1899: Group VII, which had escaped in the two years preceding, was affected in 1899; Groups IV and VIII, which had suffered in 1898 escaped in 1899; while Group X was spared in both years, as well as in the four years 1894-97. It is not known why this last group, which contains the European garrison of Bombay, has been so long free from influenza. Twenty-eight stations were attacked in 1899 against twenty-five, over a dozen out of the twenty-eight having had no cases in 1898. In Table VI it may be seen that Belgam, Ahmednagar, Chakrata, Ranikhet, and

Rangoon had the greatest numbers of cases. At these stations the outbreaks were single and compact, except for a certain amount of tailing off in the case of Belgam. The returns deal, of course, only with those cases which were admitted into hospital. The only death returned as directly due to influenza occurred, as may be seen in Table IV, at Ahmednagar, where the disease, it is stated, was of a severe type. The Jhansi report mentions that the diagnosis between influenza and simple continued fever is variable; and the medical officer at Rangoon states that some of the cases returned as ague were probably influenza. In none of the reports is any mention made of the use of bacteriological methods as an aid to the diagnosis. In Europe it has been discovered that the bacillus may occur in the sputum or cling about the nose and pharynx for weeks and months. The microbe has also been found in the cerebrospinal fluid and in endocarditic valve lesions.

Cholera.

9. General questions regarding the etiology, spread, and prevention of cholera, and the circumstances, so far as they are of importance, attending the occurrence of cases in 1899 will be discussed in Sections VI and X of this report.

The amount and proportion of cholera was much less than in the previous year, and the ratios were much below those of the decennium, as may be seen in the following table. There was only one case in the whole of the European army in India, and never before in the records of this office has so low a mortality appeared. The returns which come next are 12 cases in 1874, 16 in 1893, and 17 in 1898:—

Period.	Admissions.		Deaths.	
	Number.	Per mille of strength.	Number.	Per mille of strength.
1889-98	1,053	1·5	764	1·11
1898	17	·3	14	·21
1899	1	·01	1	·01

As may be seen from Tables VII and XIV, the one case occurred in the 11th Battery, Royal Field Artillery, at Meean Meer, at a time when cholera was attacking the native troops as well as the non-military population.

Small-pox.

10. Information regarding small-pox in 1899 will be found in Tables I-IV and LIII, and information about vaccination in Section VII, Appendix A, Statement VII.

The admission rate rose from 0·03 to 0·2, and the death-rate from 0·00 to 0·01. There were 14 cases with 1 death, against 2 cases without death. The ratios were still much below the decennial ratios of 1886-95. Peshawar and Nowshera, both in Group VII, had respectively 7 and 3 cases; but out of these ten, only one died. All the men affected bore marks of vaccination. The man who died was of intemperate habits, and was attacked with confluent small-pox. The disease was prevailing in the bazaars at the time, and the roads were very dry and the air dusty.

Ague, remittent fever, simple continued fever, Malta fever. (3)

11. Ague gave rise to over 20 per cent. of the admissions from all causes. The admission ratio was low, and the death ratio lower than in the preceding year. The lowness of the ratio was probably connected with the dryness of the year.

Period.	Intermittent fever.		Remittent fever.		Simple continued fever.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1889-98 . .	360	·22	14	·51	42	·02
1898 . .	394	·30	33	·37	43	·06
1899 . .	235	·28	10	·16	32	·01

The following table shows that the group-incidence of ague was somewhat abnormal in 1899, as it had been in 1898, this being apparently connected with the fact that the monsoon rainfall of the east was abundant, that of the west and south deficient:—

Period.	Ratio per 1,000 of strength.												
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XIIa	XIIb	
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts and Sanitaria.	INDIA.
1889-98	178·9	387·1	404·9	226·4	458·3	731·8	482·9	251·1	157·4	139·9	252·4	285·7	359·8
1898	56·3	171·4	603·5	314·8	550·3	766·3	499·1	320·6	115·0	278·1	224·8	43·0	394·0
1899	187·4	383·1	658·1	195·7	267·5	276·9	230·9	209·5	148·4	274·9	103·6	216·7	235·2

In the Bengal-Orissa group the most malarious stations were Barrackpore and Dum-Dum. The medical officer in charge at the former says that it is situated on low-lying alluvial soil with insufficient drainage, surrounded by rice cultivation and stagnant tanks; but he acknowledges that the drainage has been greatly improved by the measures completed in 1898, and to that attributes the reduction of malaria in 1899. At Dum-Dum the soil is said to be water-logged. In some station reports the inter-fluctuations in the diagnosis of ague, simple continued fever, and influenza are noticed. In Table X it may be seen that the most malarious months of 1899 were August, October, and September, and the least malarious, as usual, February. The rise of malaria and its acme were both earlier in the year than usual. This appears to have been connected with the distribution of the rainfall, which is described in Section I.

Remittent fever was much reduced in 1899. The disease was most prevalent at Peshawar, Attock, Delhi, and Shwebo. At Shwebo the disease, often of a severe type, was in all cases contracted in the very malarions forests to the north-east of the station, where, towards the end of the rains, the natives had been dying in numbers of the same disease. Remittent fever in 1899 was most prevalent in August and May, and least prevalent in February. Eleven men died, and ten of the bodies were examined. In five no very definite lesions were discovered; in one there was pneumonia, said to have supervened; in one there was an abscess of the liver; in one there was an abscess between the spleen and the liver; in one there was yellow lymph on the brain, especially under the medulla and pons; and in one the lymph glands, especially the mesenteric, as well as the spleen, were enlarged and soft, and Peyer's patches were stripped of their epithelium. At Barrackpore cases suspected of being enteric fever, but not re-acting to Widal's test, were returned as remittent fever, even though they did not respond to the exhibition of quinine.

Simple continued fever was also much reduced. It was most prevalent at Nowshera, Aden, Madras, Port Blair, Peshawar, and Thyetmyo. The causes mentioned at these and other stations are sun, heat, over-exertion, want of acclimatization, especially when combined; chill, exposure, constipation, errors in diet and drink. Some of the cases were suspected to be enteric fever, or malarial fever, or influenza, or Malta fever, or some yet-undifferentiated fever; and the employment of the serum test is said at Rawalpindi to have led to the smallness of the number of cases returned as simple continued fever. One man, whose case was returned as simple continued fever, had been 84 days under treatment. He had a stricture of the urethra; and the examination of his dead body revealed the presence of a single abscess of the liver, and 'dysenteric' ulcers of the large intestine and of the lower third of the ileum. In 1899 most simple continued fever was registered in July, and least in January. The admissions from simple continued fever fell from 1886 to 1891, rose in 1892, fell up to 1894, rose to 1897, fell slightly in 1898, and fell considerably in 1899. The height of all the fever ratios in 1897 and 1898 and their fall in 1899 were apparently connected with the progress and cessation of field service on the frontier. From 1886 to 1894, while simple continued fever was on the whole falling, ague and enteric fever were on the whole rising. If the causes of simple continued fever be as given above, it seems easy to understand why in the European army men are most attacked and women least, and why natives suffer less than Europeans, though there is perhaps also in the native military hospitals a tendency to call most short mild fevers ague.

1890-99.

Groups.	SIMPLE CONTINUED FEVER.						
	Admissions.		Ratio per 1,000.		Troops and Prisoners.	Admissions.	Ratio per 1,000.
	European Troops.	Native Troops.	European Troops.	Native Troops.			
Group I.—Burma Coast and Bay Islands	1,139	84	86·4	4·2	European Army Men	26,890	39·0
" II.—Burma Inland	1,304	497	48·7	8·8	Women	670	21·3
" III.—Assam	*	130	*	7·4	Children	1,884	32·9
" IV.—Bengal and Orissa	709	200	31·2	6·6			
" V.—Gangetic Plain and Chutia Nagpur	3,153	182	44·2	2·8	Native Army	13.521	10·6
" VI.—Upper Sub-Himalaya	5,639	602	41·7	3·9	Prisoners	24,773	23·4
" VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	1,661	1,823	35·3	12·2			
" VIII.—South-Eastern Rajputana, Central India, and Gujarat	2,738	2,021	43·1	15·1			
" IX.—Deccan	3,123	2,661	32·7	13·4			
" X.—Western Coast	1,181	975	78·9	30·8			
" XI.—Southern India	2,045	1,881	58·3	22·4			
" XII*a*.—Hill Stations	1,903	1,759	22·8	10·2			
" XII*b*.—Hill Convalescent Depôts and Sanitaria	524	*	15·5	*			
India	26,890	13,521	39·0	10·6			

* No Troops.

It is curious to note that both European and native troops have high ratios in the Western Coast and Southern India groups.

Only one case of Malta fever was returned from Kalabagh; but the medical officer does not mention the case in his "Transactions." Just at present a number of cases of Malta fever are being discovered in India both among Europeans and natives; but the experience of the past should warn those in authority, while encouraging the research, to exercise a certain amount of reserve in the acceptance of at least the earlier results. After all, serum diagnosis is still in its infancy, or is just emerging therefrom.

Enteric fever. ( )

12. The Goulstonian lectures for 1900 by Horton-Smith form the most valuable recent contribution to the literature of enteric fever on its scientific side. Some of the more general conclusions of Horton-Smith are as follows:—

> The typhoid bacillus can always be found in the stools in the early periods of the disease. It can also be demonstrated always in the Peyer's patches and the mesenteric glands. It does not, however, remain limited to these situations, but very soon, and in all cases, passes into the blood (from which it can often be isolated), by means of which it is distributed to the most diverse organs. Thus it can be always found in the spleen and in the liver. It gives rise in the skin to the typical eruption. It is in most cases present in the marrow of the bones and in the bile. It is frequently present in the urine, and is not uncommonly found in the kidneys. Occasionally, also, it may be detected in the lungs, and sometimes in other organs.......... Any conception of the disease which regards it merely as affecting the alimentary canal only can no longer be maintained. On the contrary, so far from considering it as an intestinal disease pure and simple, we should rather look upon it as a *modified form of septicæmia.* It is septicæmia in that always and in all cases the bacilli pass into the blood and then into the various organs, and in that the symptoms, excepting as far as they are intestinal, are referable to the poisons there produced. It is a modified form, however, in that in nearly all cases there is a definite local and primary disease, whence the secondary dissemination of the micro-organism takes place. Looked at in this way, we have a ready explanation of the fact that the severity of the disease bears no relation to the number and character of the intestinal lesions. For just as a fatal septicæmia may originate in a scratch, so one or two small typhoid ulcers may be quite sufficient to allow the entry of the micro-organism and the development of the disease.

Urine. ([4])

The subject of the urine in its relations to the enteric bacillus was fully treated of in last report. It may, however, be added that Horton-Smith considers the bacilluria to be due, not to continuous renal excretion of bacilli, but to the multiplication in the bladder of a stray bacillus or two from the kidney.

Fœces. ([5])

Remy claims by the use of a new medium to be able to isolate the enteric bacillus, and to differentiate it from the colon bacillus. In the examination of 23 cases he found the bacillus once on the 3rd, 4th, 6th, 13th, 14th, 21st, 22nd and 30th days; twice on the 42nd and 45th days; three times on the 10th and 16th days; and four times on the 5th and 9th days. His experience is that the bacilli are few at first, more numerous in the second week, fewer again in the third and fourth weeks; and disappear gradually or, at least, cease to be detectable by present methods. All the bacilli from the stools were of the same type, re-acting negatively with regard to the production of indol and fermentation, and positively towards enteric serum. He regards the finding of the bacillus in the stools as the only certain sign of enteric fever, and the only sign which in a doubtful case is sufficient of itself to establish a positive diagnosis.

The roseola. ([6])

The efficiency of the method of Neufeld, noticed in last report, for obtaining the bacillus not only from the roseola, but also from the general circulation, has been confirmed by subsequent observers. But Eug. Fraenkel has gone a step further with regard to the roseola. He excised roseola spots in five cases, and kept them, with proper precautions, at 37° C. for 18 hours, in order to cause the probably sparse bacilli to multiply. In stained sections he was then able to find little heaps of enteric bacilli lying in the papillary portion of the cutis; and thereby to demonstrate that the roseola is not merely a hyperæmia, but a local lesion caused by the bacillus.

Soil. (7)
Dust.

In a leading article on the endemic fever of English towns, with special reference to the report of the Medical Officer of Health of Chichester, the *Lancet* makes some remarks interesting to sanitarians in India, of which a couple of sentences may be quoted:—

> Specific pollution of drinking water, milk, shell-fish, ice-cream, and the like may, indeed, now and then have caused an increase of the customary amount of enteric fever; perhaps a particular period of sustained fever prevalence has seemed to have been started by an outbreak which was traceable to infected food or drink; but the appearance of inenteric fever year after year in excessive amount has quite certainly not been occasioned by recurring exposure to infection by such agencies.......... To admit that enteric fever may be locally spread by the way of the diverse and obvious opportunities of fection afforded by recently and specifically polluted surface soil, brings us, it is to be feared, little nearer to obtaining the causation of endemic enteric fever.......... A satisfactory explanation seems to require the further proposition that in certain cases the typhoid bacillus must be capable of maintaining for weeks and months an active existence in soil.

Barr, too, remarks that while fresh water-supplies have lessened or almost abolished widely spread epidemics, yet as an endemic in many large centres of population enteric fever is as prevalent and of as severe a type as it was a quarter of a century ago.

In connexion with the above it may be noted that Horton-Smith, in the lectures referred to, after mentioning that there is no proof that the enteric bacillus can multiply outside the body, and that many outbreaks may be explained by the prolonged infectiousness (see the report for 1898, paragraph 14, under " Urine ") of persons apparently restored to health after an attack of the disease, goes on to say that if it be remembered that the bacillus has great power of resisting the effect of desiccation, remaining alive, it may be, for over a year in the dried condition, it becomes easy to understand how bacilli eliminated from the body may later pass into the atmosphere in the form of dust, and cause disease at long periods after every fresh source of infection has been really removed; that these facts should, in many cases at least, render unnecessary a belief in the actual growth of the bacillus outside the human body; but that the question is one which the future alone can finally settle.

Water. Filters.
Chemical Purifiers. (8)

A case is reported from Europe in which a battalion after taking part in certain manœuvres developed 30 cases of enteric fever, and the enteric bacillus was found in the well from which water had been supplied to this battalion only. At Cuxhaven Dunbar* could not find the enteric bacillus in the water of a well round which cases of enteric fever had occurred, but found it in a well surrounded by a population that appeared free from the disease. But a week after, 20 cases occurred in this second population. It has been estimated that the enteric bacillus disappears when in competition with the saprophytic organisms of water in about two weeks; but it is difficult to find it in water at any time. Hankin's method, which was fully described in last report (appendix to Section II), was tried by Hilbert in Germany, who reported that it was good so long as the colon bacillus was not present at the same time. To this criticism Hankin has replied, pointing out that Hilbert in his laboratory experiments omitted to acclimatize his enteric microbes to life in water; that in his examination of suspected waters he did not test enough samples of each; that he did not wait till he had become a practised worker with the method before reporting on it; and, finally, that Adami in Canada (see paragraph 14 below) has reported favourably on the method from practical experience. Hilbert having also asserted that "only a fraction" of the cultures submitted by Mr. Hankin to Professor Pfeiffer were acknowledged by the latter to be true enteric, Mr. Hankin referred to Professor Pfeiffer, and obtained a reply that the expression referred only to some cultures he had seen in Bombay, and that "nearly all" those sent to Berlin were true enteric. So great is the difficulty of finding the enteric bacillus in water—or, at least, so rarely is it found—that Professor Carl Fraenkel advises those who send specimens to him for examination not to wait for the result, but to go on with the precautions they would have taken if the bacillus had never been discovered. Endeavours are therefore made to find other bacteriological criteria of probable danger in water; but here the difficulty of forming a judgment is greatly increased by the occasional occurrence of eberthiform (enteric-like) and coliform bacilli, *i.e.*, of microbes which form a graduated series between the enteric bacillus on the one hand and the colon bacillus on the other, and partake in degrees of the characters of both; so that it is a laborious task to identify not only the enteric but even the colon bacillus. In fact some practical bacteriologists attempt to avoid the difficulty by condemning all waters in which such intermediate forms, or the colon bacillus itself, occur, at least in any considerable number constantly or in spates; believing that they are not only signs of danger, but actually themselves constitute the danger. But, just as an outbreak of enteric fever sometimes occurs in a community whose water-supply appears bacteriologically pure, so occasionally a water reported dangerous by the bacteriologists fails to produce an outbreak. One difficulty is that while some of these intermediate forms appear to be water-bacteria, no one has succeeded in reconciling either the enteric or the colon bacillus to a permanent aquatic life. Vaillard having stated that he had seen the enteric bacillus present for long periods in very pure water, Löffler* replied that if so it must have been continuously introduced into the water; for in his experience the bacillus only lived for 24-48 hours in very pure water, and for not more than 15 days in natural water, though it might live longer, and even multiply, in contaminated water. Again, Lunt did not succeed in acclimatizing the normal intestinal colibacillus to water. However, it is conceivable that the acclimatization-process may nevertheless be worked out in the better furnished and more slowly working laboratory of nature. Levy and Bruns state that if the suspected water be "enriched" by the addition of peptone and salt and by incubation at 37° C. for 48 hours, and then be injected in respectively appropriate quantities into guinea-pigs, rabbits, and mice; the result to the animals will show whether any colon or proteus bacilli present were virulent, and therefore signs of impurity, or non-virulent, and therefore signs of purity. They state that animals never die from the injection of *pure* water. The results of Weissenfels, just published, do not, however, support those of Levy and Bruns. Pakes affirms that a water which shows a great variation in the number of bacteria present from time to time must be considered just as unsafe as one which shows variations in chemical composition; that the presence of the colon bacillus in the water from a deep well in any quantity is sufficient to condemn it; that drinking water not from a deep well, if it contains the colon bacillus in 20 c.c. or less, should be condemned; if it contains the coli bacillus in any quantity between 20 and 50 c.c., should be looked upon as suspicious; if it contains the same organism in from 50 to 100 c.c., should be regarded as slightly suspicious; if the bacillus is found only in quantities greater than 100 c.c., may be looked upon as probably safe; if no colon bacilli can be obtained from two litres, may be considered absolutely safe. The presence of the *Bacillus enteritidis sporogenes* too has been proposed as a test, but the researches of Hewlett show that the exact value of the test cannot yet be appreciated. The use of a chemical test for cystine has been introduced by M. Causse, who considers the occurrence of cystine in a water to indicate the presence of the germs of typhoid fever. The purification of water is attempted by the aid of heat, by the addition of chemicals, or by the use of filters. Vincent at the Paris International Congress stated that the Pasteur and Berkefeld filters were about equal; but that even when sterilized they do not give a water rigorously and constantly aseptic, and that every few days they must be sterilized anew. With regard to the Berkefeld filter, Lunt reports that although the filtrate obtained was not absolutely sterile after the first day, yet neither the colon bacillus nor the enteric bacillus could be detected in the filtrate over periods of 39 and 26 days respectively, although they were easily found in the water outside the filter for 39 and 26 days respectively. In India, as elsewhere, a good deal is now known of the practical inconveniences and dangers of the use of filters, and of the extreme care which they require. Weyl in Germany and A. Calmette in France have strongly supported the claims of ozone to be the best and most successful purifier of water, even on the large scale; and Plagge and Schumburg have published a useful short paper on all the best or most frequently used chemical methods, including the well-known permanganate and bromine processes. From France come favourable reports of potassium permanganate, so much used also in India.

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* See the last reference under (8).

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* See the last reference under (8). See also Hankin quoted in paragraph 14, and Row in I. L. of 16th November 1900, page 396.

How little after all is really known about the bacteriology of water, and about the necessity and the best means for the sterilization of water, is shown by the report of a discussion on these subjects by eminent bacteriologists of more than one nation at Paris on the 16th of August 1900.

Milk.
Eggs.(9)

Hesse, agreeing with the previous results of Theobald Smith, points out that if while milk is kept at 60° C. for 15 to 20 minutes, a pellicle is not allowed to form, the bacilli of enteric fever, cholera, diphtheria, plague, and tubercle are all destroyed; while Macfadyen and Hewlett found that in their apparatus 30 seconds at 70° C. killed the enteric, tubercle, and diphtheria bacilli, and the staphylococcus. Bucco asserts that the enteric bacillus is able to enter into an unbroken egg in twelve hours, and to keep its vitality therein for four or five days.

Flies.(10)

Some results of Hankin's with regard to flies are quoted in paragraph 14 below. Vaughan has published 53 conclusions derived from a study of the enteric fever of the American army camps, and one of them is that flies undoubtedly served as carriers of the infection. Chiene also speaks of dust and flies as disseminators of the disease in South Africa.

Colibacillus fever. (11)
Tropical fevers.

Both Burney Yeo and Rho mention the fact or the possibility of the occurrence of cases indistinguishable clinically from enteric fever, but caused by the colon bacillus. Rho considers that in hot countries medical men attribute too much to malaria and too little to enteric fever; and believes that nearly all "climatic" fevers and common continued fevers are enteric fever. It has, too, been pointed out by Osler and others that even in a malarious locality a continued fever irresponsive to quinine is in all probability enteric fever, and should be considered such until proof to the contrary is obtained. Osler and Rho regard the co-existence of enteric fever and malarial fever in the same patient as excessively rare.

Some cases were quoted in last report. Rho mentions 1 more, and Kerr 5, in which both the plasmodium and the bacillus were present. The case reported by Yarr is incomplete, the proof given of the presence of enteric fever being entirely clinical. McNaught has lately published two cases.

Enteric fever and dysentery. (12)

Washbourn, Richards and Washbourn, Sir William Stokes, and Watkins-Pitchford have all reported from South Africa cases of the co-existence of, or very close connexion in time between, enteric fever and dysentery. Similar cases in India are noticed in paragraph 13 below, and have been noticed in previous reports. The dysenteric bacillus isolated by Flexner in the Philippines belongs to the enteric group.

Second attacks. (13)

Nearly every year this report cites one, or it may be two, cases in which second attacks of enteric fever have occurred in one patient. Remlinger in the case of 628 French soldiers attacked by enteric fever obtained in 16 a certain and in 5 a doubtful history of previous attack; four cases came under his own observation; and he is able to cite 31 more observed by others.

Incubation. (14)

The question of the length of incubation of enteric fever constantly comes up in India in connexion with the decision as to where cases originated—locally, or on the march, or in another station. Vaughan puts it as from something under 8 days to any time within 8 weeks; another writer as from 10 days to 3 weeks. Engel went over all the literature available to him, but could only find 88 cases that could be safely used, and even of these a few showing periods of 1, 2, 33, 42, 45 days were ultimately rejected as doubtful. But incubation periods of from 4 to 32 days were regarded as fully established, the most frequent being 14 days, then 18, then 21, then 8.

Cause of relapses. (15)
Cause of falling ill.

Horton-Smith, in the lectures already referred to, has some interesting remarks on the causation of relapses in enteric fever. Put shortly, the idea is that at a time when all the enteric bacilli have not yet been destroyed in the patient, an absorption of toxines (*e.g.*, those of the colon bacillus, Gaertner's bacillus, or of the proteus) takes place from the intestinal canal (auto-intoxication), giving the enteric bacillus a fillip, and enabling it to acquire fresh virulence and to re-invade the patient's organism. But the same explanation might be applied to the original succumbing of the patient to the enteric infection; for it may be that, in some cases at least, disease only follows when, as the result of some trifling derangement of the bowel, the soil has already been prepared by the absorption of toxic products, or, in other words, by auto-intoxication. Ord, however, offers quite a different explanation of relapses, self-reinfection of the patient by putting his soiled fingers into his mouth.

Opinions of medical officers.

13. As usual, a factor most commonly insisted upon by medical officers was recent arrival in India of regiments, or of drafts, coupled with youthfulness of the

men. In a few cases it is stated that particular regiments or barracks were especially attacked; and each medical officer's explanation of the circumstance will be found in the extracts given below, except in the case of Barrackpore, where no likely reason could be found. Proximity to sewage irrigation, to filth pits, to an incinerator, to a latrine, to disused latrine-ground, to an enteric ward, and conveyance by flies and dust to the mouths of men, to food, and to cook-house water, are the chief points mentioned in this connexion. In other stations too dust and flies are mentioned as probable agents of infection, and the prevalence of enteric fever is connected with the dryness of the year and the frequency of dust-storms. The medical officer at Peshawar believes that systematic road-watering would be a powerful preventive; while the medical officer of Agra points out that in June enteric fever was rare, though dust-storms were frequent, no cases occurring between May and August. At Quetta one man was believed, and believed himself, to have been infected by the dust inhaled in pulling down an old latrine; while at Chakrata the site of a removed latrine was used for playing quoits by the men of a regiment affected. The water, aërated water, milk, sweetmeats, food, etc., obtained in bazaars, brothels, and villages were, as usual, strongly suspected by nearly all medical officers. At Deesa one man admitted for soft chancre developed enteric fever in hospital, and he was found to have bazaar sweetmeats concealed in his bed. While the barracks at Agra were furnished with purified well-water, infected pipe-water was supplied to the bazaar, and the latter had to be placed out of bounds. The same measure was adopted at Poona on account of the plague, and at Umballa and Peshawar, and is said to have reduced the amount of the disease. Some patients acknowledged the drinking of water from unauthorized sources in the station; some of water direct from the tap, instead of the specially purified water provided for them; while others out shooting in the jungle, or walking in fields or villages, or at exercise, or in camps of exercise, or rambling about khuds in the hills, or travelling by railway, drank water or milk evidently impure, or not known to be pure. For the 47th Battery, Royal Field Artillery, at Ferozepore, a polluted well-water, containing the colon, but not the enteric bacillus, was by mistake taken into use on the 11th May. Its use was discontinued on the 14th May. The dates of admission of enteric fever cases in this battery during the year were—April 21; May 5, 7, 12, 16, 19, 22, 23, 24, 26; June 16; and December 30. The cases which occurred early in January at Bangalore were apparently associated with the presence of the enteric bacillus in water used in the horse-lines. At Agra, while every care was being taken of the drinking water, it was found that aërated waters were being manufactured from unboiled water of the frequently specifically impure pipe-supply. Not only was the bazaar at Shwebo supplied with a foul water from the King's Tank, but during the rains that tank overflowed into the reservoir set apart for the storage of the drinking water of the troops, and the men were suspected of drinking the mixture direct from the tap. The impure water of the lake at Meiktila was considered likely, directly or indirectly, to be the source of the infection. One patient at Dagshai had drunk morning and evening for a month milk procured from a native in the floor of whose house a cesspit was found. The combined result of seven stations was that 50 cases occurred among total abstainers and 90 among non-abstainers, or 36 and 64 per cent. respectively. But, as their average annual strengths cannot be obtained, no conclusion can be drawn as to the relative liability of those two classes. Some medical officers lament that the purificatory measures applied to the water of late years have not produced the hoped for result; while others state that the history of enteric fever in their stations shows that the water-supply is not there the source of the disease. That the cavalry and artillery at Bangalore suffered more than the infantry was believed to be due to the fact that their barracks were near an open sewer, and a filth depôt, and a lucerne crop irrigated by sewage; and perhaps also to the vicinity of the horse-lines, with their dust, and flies, and contaminated water. The effluvia of the Ahmednagar filth-pits were believed by the medical officer of that station to have had something to do with the causation of the disease. In a good many cases patients dated their illness from a chill after being heated, from over-exertion or exposure, from fatigue, from exposure to the sun. In other cases the attack was preceded by the eating of water-cress, of tomatoes, of tinned salmon which caused diarrhœa; while the medical officer of Colaba mentions that men had been seen eating small shell-fish picked up on the polluted foreshore. At Quetta recent arrival there was considered to be a factor in the local causation of cases. Medical officers frequently noted, especially in the case of hill stations, that the disease must have been contracted before arrival, either from impurities encountered on the march, or from a cause existing in the previous station; so that the station where the disease was treated was not always the station in which it was contracted. Several cases of men new to India were noted by the medical officers of Meerut, Dagshai, Ferozepore, Khyragully, and Kalabagh, as having apparently contracted the infection on the way up country from Bombay; and in two Calcutta cases the infection is said to have been probably contracted in South Africa. Some officers, as usual, state their belief that enteric fever and venereal disease are contracted in the same haunts. The contamination of latrines by ambulant cases, and the subsequent dissemination of the disease by flies and dust, are among the possible dangers noted; and in one case the attack was ushered in by a severe, possibly pythogenic, sore-throat, in another by diarrhœa lasting 14 days before the man reported sick. At Fatehgarh, Cawnpore, Umballa, Meean Meer, Murree, Madras, Rangoon, Mandalay, Poona, Agra, and Ahmednagar, also, the water-supply is said to be liable to contamination; and the possibility of danger in the carrying of the water, either from the mode of carriage or from the distance to be traversed, is noted at Allahabad, Dinapore, Cawnpore, Ranikhet, Jutogh, Kasauli, Cambellpur, Ghora Dhaka, Bellary, and Ramandrug. That dangerous arrangement, a double water-supply, still obtains at Calcutta, Agra, Madras, Wellington, Secunderabad, Thayetmyo, Shwebo, Satara, and Nasirabad. The fact that the simultaneous supply of two waters of different degrees of purity may occasionally be the only permanent or temporary possibility, does not make it any less undesirable. With regard to only six stations, is it stated that the water needed, and received, no purification before issue for consumption. Usually the water was boiled, sometimes in Larymore boilers, and was treated with potassium permanganate, alum also being occasionally used. The use of Pasteur filters is also mentioned, especially with reference to the aërated water factories. At Agra, Chakrata, and Wellington the process of sterilization is said to have been improperly carried out, and was therefore useless or worse than useless. Though it is practised in many stations, only a few reports mention the incineration of excreta. It appears that the perfect incinerator has not yet been found, and experiments are being continued. As usual, some medical officers recommend the dismissal of the native cooks, and the transfer of the cooking to the hands of specially trained soldiers. The enteric bacillus was detected in samples of water from Agra, Wellington, Bangalore, and Neemuch, to which, according to Mr. Hankin's annual report, should be added Chakrata; an enteric-like bacillus in water from Umballa; the *bacillus coli* in water from Lucknow and Ferozepore. Some other medical officers state that the result of bacteriological examination was negative, or that no examination was made; while some do not notice the point at all. With regard to Wellington, the medical officer points out that while 300 persons drank of the infected water, only 2 got the disease. In several stations the Grünbaum-Widal reaction was used in the diagnosis of cases, and at Rawalpindi the bacillus was frequently cultivated from the spleen. The medical officer at Fort Lahore notes that no women, no children, no members of the permanent staff were attacked. That the women and children at Sialkot were completely exempt, seems to the medical officer to point to the bazaar-haunting habits of the men as a factor in causation, if it were not for the difficulty that the officers and ladies are not exempt. At Wellington there were no cases among the women and children, though one of the men attacked was a married man. Both at Barrackpore and at Agra it was noticed that civilians, using the same water, suffered much less in proportion than soldiers. In the extracts given below it is claimed that the measures adopted at Cherat and Bangalore were successful in reducing the amount of enteric fever, and those put in force at Quetta were also accompanied by a great diminution of the number of cases. Cases in which placing the bazaars out of bounds is said to have been efficacious have been given above. Calcutta, Roorkee, Poonamallee, Rangoon, Port Blair, and Mandalay are reported usually to enjoy comparative immunity. The explanation given for Calcutta is the good water-supply; for Roorkee the presence of grass and the consequent absence of water-defiling dust; and for Mandalay good luck and the unattractive taste and colour of the impure water. The decrease at Jullundur is ascribed to the selection of wells, the boiling and permanganating of the water, and sending away of young susceptible men to the hills; at Peshawar to the bazaar being out of bounds, and to the men not having been anxious to visit it, on account of one of their number having been murdered therein by a fanatic; at Meiktila, possibly, to the fact that the drinking water has been boiled since April 1896. The reduction at Mhow the medical officer confesses himself unable to explain. The personal element among men equally exposed to infection was emphasized by the medical officer at Wellington; while at Agra the harvest and the rise and the fall of the river were found to be contemporary with the maxima of the disease. The French idea of the possibility of the transformation of the colon bacillus into the enteric bacillus was considered at Mhow. Some medical officers considered that enteric fever after a previous prophylactic inoculation was comparatively mild. The statistics of the question will be studied in Section X. Out of the 1,392 cases of enteric fever which occurred throughout the army of India in 1899, 24 are noticed as having declared themselves among patients in hospital or among attendants. Out of these, 11 were in hospital for early venereal disease, except that in one the enteric fever was observed before the venereal disease (gonorrhœa); and 8 for other diseases; and 5 were attendants on enteric fever cases. The number of attendants attacked was low as compared with the number in each of the two years preceding. Cases of second attack were reported from Ranikhet, Jhansi, Chakrata, Madras, and Bangalore. The first attack of the Ranikhet man had been at Quetta nine months before. The Jhansi medical officer records that there was no *post-mortem* evidence of the former attack, which was said to have occurred at Subathu in 1898. The man affected at Chakrata was said to have had a first attack in 1897, and had also been inoculated in January 1899. The first attack in the Madras case occurred 6 years ago; while the Bangalore man had had his first attack, with relapse, in August 1898. In two of the fatal cases at Ranikhet the *post-mortem* appearances were abnormal. In the first the only intestinal lesion was a perforating ulcer, ¼ of an inch in diameter, in a Peyer's patch, about 2½ feet from the lower end of the ileum; in the other the only intestinal lesion was a non-perforating ulcer, the size of a split pea, in a Peyer's patch about 6 inches above the lower end of the ileum. Cases in which enteric fever and dysentery were closely connected in time were observed at Agra, Chakrata, and Meiktila. At Agra and Meiktila the dysentery immediately preceded the enteric fever; at Chakrata the dysentery supervened on recovery from enteric fever. A case each of enteric fever at Jubbulpore, Dalhousie, Bangalore, Rawalpindi, and Poona was complicated with abscess of the liver. The Bangalore case was not examined *post-mortem*: in three of the other cases the abscesses were multiple. Again in six cases returned as abscess of the liver from Bareilly, Ranikhet, Umballa, Poona, Ahmednagar, and Kirkee, the origin of the abscesses was with more or less certainty suspected to have been the intestinal ulceration of enteric fever.* In only two of these cases was there actual ulceration at the time of death; in two there were scars and signs of the preceding enteric fever; while in two there was nothing to go upon but a history of recent enteric fever.

The following is an account, shortened from the reports of medical officers of the outbreaks of 1899, of their supposed causation, especially of their connexion with polluted drinking water, of the measures considered to have been effectual in preventing or checking the disease, and of any other points of interest brought forward. In paragraph 14 will be found some results of detailed investigations by special sanitary officers, as well as a summary of some of Mr. Hankin's annual work. From the following table it will be seen that there was at last a reduction in the amount of enteric fever in India:—

Commands.	Year.	Enteric fever.		
		Admissions.	Ratio per 1 000 of strength.	Difference.
Bengal	1898	824	41·1	—18·3
	1899	485	22·8	
Punjab	1898	895	48·7	—23·8
	1899	451	24·9	
Madras	1898	143	11·6	+ ·5
	1899	156	12·1	
Bombay . . .	1898	513	35·1	—15·7
	1899	300	19·4	
India	1898	2,498	36·9	—16·3
	1899	1,392	20·6	

No general explanation can at present be offered as to the rise in Madras and the fall in the other commands, especially as Madras received 2,422 fewer, and Bombay 98 more, fresh arrivals than in the preceding year. In the Bengal Command 24 out of 33 stations shared in the decrease of ratio, chief among them being Shahjahanpur, Jubbulpore, Muttra, Agra, and Lucknow; in the Punjab Command 19 or 20 out of 30, especially Fort Lahore, Cherat, and Nowshera, Kalabagh, on the other hand, showing a great increase. The disease decreased in only 7 out of 20 Madras stations, and in 6 out of 22 Bombay stations; but the decrease in the Bombay station of Quetta was very great:—

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* As to the importance of examining the appendix in such cases, consult Dieulafoy and Rolleston, as quoted under (19).

Years.	Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.
1898	2	...	...	...	2	5	37	56	48	60	21	1
1899	...	...	3	...	...	...	1	7	6	7	2	...

the total being reduced from 232 to 26. This great reduction at Quetta may fairly be considered, at least provisionally,* as due to the detailed and painstaking measures adopted in consequence of the outbreak in 1898, though it will be noticed that the season of maximum prevalence was the same in both years. The number of fresh men arriving in drafts was much the same as in the preceding year.

Barrackpore.—The large decrease in 1899 is more apparent than real, and is, in my opinion, largely due to the method of diagnosis adopted. In every suspicious case a sample of blood was taken, and sent to the Public Health Officer of Calcutta, who kindly applied Widal's serum test to it for me. The result was extremely interesting; for it showed that alongside of enteric fever we have, in Barrackpore at least, another fever resembling enteric so closely in all its clinical features that in my opinion it is almost impossible to distinguish between them with any great degree of certainty. The cases which gave a negative reaction to Widal's test were called Remittent Fever, for want of a better name. As they were not affected by quinine, their malarial nature is doubtful.........As for the exact source from which the specific typhoid infection was derived, it is impossible to express any definite opinion. There is, however, sufficient evidence to prove that the disease is entirely unconnected with the water-supply. During the years 1896 and 1897 the water was boiled and permanganated, and during those years enteric fever was very prevalent. In 1898 and 1899 the drinking water was not interfered with, except during the rains, when alum was added; and during these years enteric fever fell about 50%......The same water is drunk by the civil population, which is considerable, and by the troops, and yet it is only the latter that suffer to any extent from diseases that are supposed to be water-borne.

Lucknow.—Suspicions have arisen regarding the quality of the water, and as to whether it is not the chief cause of enteric fever in this station. The intake is not very satisfactory. In 1897 the enteric microbe was found on three occasions, and in 1899 the District Sanitary Officer succeeded in finding the *bacillus coli* in the sediment deposited on a Pasteur filter used in one of the regimental soda water manufactories. The free and albuminoid ammonia are also often in excess.

Sitapur.—Samples of the water used in the manufacture of aërated waters sent to Mr. Hankin were pronounced quite potable, and free from disease germs.

Ranikhet.—The actual number of cases of enteric fever fluctuates from year to year, in all probability according to the susceptibility of the soldiers forming the garrison. For instance, last year the total number of admissions was 58,† but of these the 2nd Battalion, East Lancashire Regiment, then in its first year of Indian service, furnished 44, whereas the same corps this year, with a greater average strength, had only 7 cases.........It may be worth while to point out, with reference to the proposal now being carried out, to vacate barracks in the plains, with the object, among others, of improving their hygienic condition by moving the troops out of them for some portion of the cold weather, that all but a small portion of the barracks at Ranikhet stand vacant for four months in the year, and that, notwithstanding this, enteric fever recurs each year with regularity.........Both the Chappra and Mint springs are well protected at their source, and, in my opinion, not open to contamination in any form......A chemical and bacteriological examination of the water of these springs gave satisfactory results. The mode of distribution by means of leathern *pakhals* carried by mules is, however, objectionable. The Sanitary Officer of the Oudh

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* There has been an outbreak again in 1900.

† 57 in Table VIII.

District showed that, bacteriologically, the *pakhal* exercised a marked deteriorating effect on the water.........It is in contemplation to supply the whole of Ranikhet, including the barracks, with water brought in in pipes from springs on the other side of Chaubuttia. This would place the water-supply of Ranikhet, and its distribution, above suspicion......... On arrival at the barracks all the water was boiled before being issued. It is very difficult to ensure the boiling always being carried out; but very stringent orders were in force on the subject, and I have every reason to believe that it was strictly done. The history of the cases and the habits of many of those who suffered do not favour the view that the disease was water-borne......The only articles which I viewed with a certain amount of suspicion were the aërated waters supplied to the Standing Camp which were made in the bazaar. Even here the contractor used a Pasteur-Chamberland filter, but I am not certain that the method of preparation of the waters and of cleansing bottles was always devoid of risk. In the coming season an attempt will be made to obviate this by having the manufacture carried out in the lines.

Agra.—It may be mentioned for information that prior to 1894 well water was used in cantonments. During that year, 27th March, municipal piped water was laid on, and used in barracks for all purposes. It was in consequence of an outbreak of enteric fever in 1897 amongst the 2nd Battalion, York and Lancaster Regiment, that a return was made to the well water in December of that year, the piped water being used only for ablution purposes. On the 2nd May 1898 the piped water was, with the exception of the fort, entirely cut off from barracks on account of the number of enteric cases (27) that had occurred in April. In the fort it is still used for ablution purposes. In the bazaars and private residences in cantonments no change has been made since the pipe water was introduced. The presence of the bacillus was found by Mr. Hankin, the Government Analyst and Bacteriologist, North-Western Provinces and Oudh, in the municipal pipe water in—

1896 during the months of September and October;
1897 „ „ „ „ February, April, and September;
1898 „ „ „ „ January and April;
1899 „ every month between March and September.

The examination was not regularly (weekly) carried on until the present year.........The water for drinking and cooking purposes for the troops in garrison has during the whole of the year been obtained from two wells in the British infantry lines.........These two wells are covered in, and provided with pumps. Three times a week each well is treated with 4 ounces of hydrochloric acid and 4 ounces of permanganate of potash. A sample of the water is submitted once a week to the Government Bacteriologist for examination. The water is conveyed to the company cook-houses in carts provided with iron tanks, where it is boiled in *degchies*, allowed to cool, and then emptied into the Macnamara cisterns for consumption. The boiling of the water is faulty, necessitating as it does a good deal of handling of the water, and certainly does not give the boiling of the water theory a fair trial. In the absence of boilers on the constant system it would be preferable to have the Macnamara cisterns filled direct from the cart without boiling, when the water is pure and free from the enteric bacillus. This practice is being carried out in the station hospital in two blocks. The instructions for the disinfection of all receptacles for holding drinking water with permanganate of potash have been carried out.........The results of Mr. Hankin's bacteriological examination of samples of water submitted to him are noted below:—

(*a*) During 1899 the enteric bacillus was not found once in the samples of water from wells 4 and 5 British infantry lines.

(*b*) In samples of municipal piped water the enteric bacillus was found 12 times; but in 6, though the bacillus had the cultural characters of the enteric bacillus, it did not react to Pfeiffer's serum.

(*c*) In samples of river water taken at the water-works a bacillus having the cultural characters of the enteric bacillus was detected 7 times, but in none was there any reaction with typhoid serum. In one sample a variety of *bacillus coli* was found which reacted slightly to Pfeiffer's serum.

The contamination of the municipal water is attributed to the pollution of the River Jumna by the villages of Jaswant Singh and Rajwara, situated above the intake. As the water is distributed in the bazaar, in cantonments, and in the city, places which the soldier visits, it is quite possible that some of the enteric cases in past years were due to drinking of this water. The few cases of enteric fever among the civil population, who use the same water, does not prove that the municipal water is not at fault and is not a factor in the causation of the disease. Many of the inhabitants are old residents and have been born in the country, they have become acclimatized, and possibly immunized against the disease, a good many of the delicate are away in the hills between May and October and so escape the two periods of activity of the disease; the chief predisposing causes—youth, recent arrival, and heat—not affecting them to the same extent as the new arrivals from England. Until the intake of the municipal water is carried further up the river beyond the villages, the water is bound to be fouled and a source of danger to those consuming it. It need hardly be mentioned that the attempt to purify an impure source is wrong in principle. It would be interesting to find out if the high-level tanks in the fort and cantonments act the part of an incubator to an infected supply; as this would render the soldier more liable to enteric than the Europeans residing in the civil lines, whose water-supply does not pass through the cantonment tanks.........The cause of the 8 cases in January and February 1899, of which three occurred in hospital, was not ascertained. The absence of the enteric bacillus in the piped water at the time would point to some local origin.........Since the introduction in 1894 into cantonments of the municipal piped water, the numbers of admissions and deaths have been more than doubled ....I concur with the opinion expressed by the committee that assembled to inquire into the outbreak of enteric among the British troops in 1887 that a pure supply of water would be of little use, were it not extended to the bazaars which the soldier frequents...... Chiefly on this account have the bazaars in cantonments been placed out of bounds......... That a double water-supply is undesirable is well illustrated in the manufacture of aërated waters. While every precaution was being taken in barracks to guard against enteric fever by the substitution of well for pipe water, the manufacturers of mineral waters were, with few exceptions, using pipe water for the preparation of their drinks, without even the precaution of having it boiled; while in the several licensed coffee shops the water provided for the soldiers was from the same source.........The periods of the biannual outbreak of enteric fever due to fœcal contamination, etc., are said to coincide with similar periods of activity in the lower forms of vegetable life. They coincide with the rise and fall of temperature, autumnal and summer heat, and, until last year, with the cultivation of melon beds on the sand-banks in river, and with the fall of the river and the reappearance of the sand-banks. No melon beds are now permitted within 2 miles of the intake up-stream. It may be mentioned that the melon beds require heavy manuring, and that the sand-banks are used by the natives for the purposes of nature. The periods of prevalence of enteric fever also coincide with the rise of the river in May (melting of the snows) and its fall in September (cessation of the rains), also with the harvesting of the crops. Dust may be a factor in the causation of the disease. It should, however, be mentioned that dust-storms are of frequent occurrence in June, when but few cases of enteric fever occur. That the pipe-water has conferred a marked benefit on the health of the native population with regard to cholera, there can be no doubt, as the contamination of the water by an infected vessel cannot occur, while in the ccase of a well it would be sufficient to pollute the whole supply.........It is impossible to say what in 1899 was the exact exciting cause. As already stated, the enteric bacillus has been found in the municipal water-supply; and may possibly be the exciting cause, introduced into the body by means of ice, milk, aërated waters, etc.

Jhansi.—The history of the disease in this station for the year does not appear to lend particular support to any of the theories as to the means of propagation of the disease; but it is noteworthy that the disease prevailed during the dry months of the year, and ceased during and for some time after the rains. At certain periods of the year flies are very numerous in this station, but increased prevalence of flies does not correspond with increased prevalence of enteric fever.........The water is derived from wells. It is very hard, but otherwise of good quality. The boiling and permanganating of all drinking water have been carried out thoroughly during the year, and, I believe, with the same care since the process was commenced at this station in July 1896. Having examined the station hospital records for 2½ years before and for 2½ years after the permanganating and boiling were commenced, I am unable to detect any improvement in the general health of the station which could be attributed to this process. On the 17th October 1899 I recommended that the Royal Artillery should discontinue the process, and that greater attention should be paid to the cleanliness of water vessels and of wells and their surroundings. Up to the present time no appreciable effect has been observed as the result of this measure. The disadvantages of the process, in my opinion, outweigh the advantages (if any). The cooling of the water after boiling is difficult, and I have found colonies of bacteria growing on the surface of water which has been boiled and left to cool. These were, no doubt, ordinary saprophytic organisms; but the amount of handling and exposure which the water undergoes during the boiling, cooling and permanganating render it more liable to the possibility of pathogenic contamination. Comparing the admissions for enteric fever for 2½ years before and 2½ years after the boiling and permanganating process was commenced, I find that the former period gave 48 admissions, while the latter gave 112. This fact, I think, may be fairly taken as evidence that the boiling and permanganating of drinking water have not had a beneficial effect so far as concerns the incidence of enteric fever in this garrison.

Delhi.—Enteric fever is an extremely rare disease in Delhi, only 12 cases having occurred among the British troops during the last four years.........The Delhi water-supply is second to none in India. It is conveyed into the fort by pipes from the municipal waterworks. Twice yearly it is bacteriologically examined. It is fit for use without either filtering or boiling, and no disease has been attributed to its use since it has been laid on to the fort. Water for flushing, road-watering, etc., is obtained from wells. The mineral water-supply is manufactured in the fort under European supervision, and is used by the entire population of the fort. The milk supply is above suspicion. The disease appears to have originated among troops on the march.

Roorkee.—Probably as much can be learned as to the causation of enteric fever from a study of the conditions obtaining in stations where it does not prevail as from a study of those stations where it is prevalent. Why should the disease be practically absent from Roorkee, whilst it is tolerably prevalent at Umballa, Meerut and Bareilly? According to my observations, the sanitary precautions adopted at Roorkee are, apparently, exactly the same as those in force in the other stations. I think it probable that these precautions can be more thoroughly supervised and more rigidly enforced in small than in large garrisons. Roorkee differs from every station known to me in the plains of India in its freedom from dust. This is due to the fact that there is a fair covering of grass everywhere throughout the year. It is not improbable that dust contributes considerably to the spread of enteric fever by polluting water and food supplies.........I am inclined to the opinion that enteric fever will always prevail where water raised from open wells, or wells practically open, is consumed without being boiled.........The Roorkee drinking water is obtained from a covered well.........It is raised by two Roorkee foundry pumps, and delivered into a masonry storage compartment, whence it is removed by means of a tap. It is conveyed in covered zinc buckets to the cook-houses, where it is boiled, and then cooled in large chatties. When cooled, it is carried to the barrack-rooms in covered zinc buckets, and put into galvanized iron receptacles furnished with taps and locks. It is tinted with permanganate of potash.........There is a regimental mineral water factory furnished with a Pasteur filter, and in all respects well appointed. The water is obtained from the station hospital well. The factory is managed altogether by European orderlies.

Chakrata.—Importation, as in previous years, accounts for the majority of the cases. As usual, the time following the arrival of the troops shows most admissions; thus we have in April 27 cases. So far as Chakrata is concerned, it was on the whole comparatively free from enteric fever after the rush following the arrival of the 1st South Wales Borderers. This regiment was of the average strength during its stay here of about 1,130, and contained two drafts of young soldiers: yet they had only four cases which could be set down as having been contracted in Chakrata. Unfortunately, it was different this year at Kailana. Owing to the contiguity of two latrines to the kitchens used by the detachments of the Black Watch and the Northampton Regiment, it was deemed advisable to remove them; and, although sanitary precautions were taken to disinfect the sites, a small outbreak of 4 cases occurred in the barrack of the Black Watch nearest the disused sites. The outbreak occurred just before the rains. During the monsoon nothing special occurred ; but on the cessation of the rains enteric fever again appeared in the blocks bordering on the latrines, and soon assumed the dimensions of an epidemic among the young soldiers of the Northampton Regiment. They in common with the detachment Black Watch were removed to other barracks, and the outbreak subsided as readily as it had appeared. Lieutenant-Colonel Dempsey (late medical officer in charge) considers that this outbreak confirms the opinion put forward by him for many years that water in India plays a minor part in the spread of enteric fever. The outbreak was purely local, and confined to five barracks (out of thirty in Kailana) bordering on the khud on which the disused latrines formerly stood. The men, it is said, were in the habit of playing quoits or other games over the ground. The outbreak occurred when the ground was dry, and flies were in full activity.........No means of purification of the water are really necessary. However, the water is boiled, an operation of doubtful utility.........Another reason for the greater incidence of the disease in Kailana, where practically the soldier is under the same conditions of existence as in Chakrata, is doubtless the fact that the men in the former are more or less invalids, and therefore more susceptible to infection.

Umballa.—Looking to the fact that soon after closing the *sadar* bazaar, the number of cases fell enormously, the inference seems to be that the disease was probably contracted in it at any rate to a great extent. I have seen the same result in many cantonments. But a few months later (April) Major Davies, R.A.M.C., made a special bacteriological examination of the water-supply of Umballa; and found that the water was liable to pollution throughout its whole course of distribution, and that in three different samples it contained "an organism closely resembling the B. typhi" which he regarded "as of the same significance as B. typhi." In plain English this means that in the month of April last every one in the station was being supplied with drinking water containing typhoid bacilli, evidently carried by the surface or sub-soil water into the aqueduct, bricks in the wall of the aqueduct being specially perforated for the purpose of allowing the surface (*sic*) water to enter.........The R. E. state that as the wells at Keira did not give enough water for the station, the aqueduct from them, near the wells, where it is well beneath the surface, was made of perforated bricks, so as to collect an extra supply of water from the sub-soil. This necessarily caused the whole supply to be in constant danger of pollution.

Dagshai.—The station was unoccupied by troops from 28th February 1898 to 3rd April 1899. The troops were withdrawn on account of the general insanitary conditions which prevailed, the impurity of the water-supply, and the prevalence of enteric fever. After a thorough overhauling, and the introduction of a piped water-supply, the station was re-occupied by troops on the 3rd April 1899.........The first 15 cases (out of the 19) were imported. The first man affected had only been a month in India, and ten days in Dagshai, and had been ill for five days before reporting sick. The next five cases occurred in a draft from England, the men sickening on their way up country ; and nine more cases came from the same draft, before it had been three weeks in the station..........The new water-supply is brought in pipes from three springs about 6 miles from Dagshai, in the Subathu direction, and is of very good quality, filtering and purification being quite unnecessary. A bacteriological examination of the water by the Chemical Examiner, North-Western Provinces and Oudh, showed it to be free from disease germs. The bazaar is supplied with the same water. The quantity has proved sufficient so far, with care to prevent waste. The collecting areas are about to be partially fenced in, to prevent pollution round the springs.

Subathu.—As every year enteric fever is brought into the cantonment when the troops march up from Umballa and generally there have been no cases for six months before their arrival, I would strongly recommend that, when proceeding to the hills, the troops be trained to Kalka, and march through Kasauli, where the water may be relied on, or if marching *viâ* Dharmpur, that the water be brought from Dagshai..........None of the cases this year could in any way be attributed to the Subathu water-supply.

Jullundur.—The very palpable decrease may be accounted for, perhaps, by the very careful manner in which all the drinking water of the British troops has been drawn from selected wells, boiled and treated with permanganate of potash prior to issue. The soldier does not relish this treatment of his drinking water, but I think that he is beginning to realize that a decided benefit accrues to himself from it. In fact, men have complained to me that there was not enough "pink" in the water.........The fact of a large number of young troops having been sent to the hills may also account for the present year's low ratio.

Ferozepore.—Enteric fever may be considered endemic in Ferozepore, as outbreaks of greater or less severity occur annually, more especially during the hot weather.........I was of opinion that the earlier cases in 1899 were sporadic or imported.........The cases among the 47th Battery, Royal Field Artillery, were traced to the use of a polluted water-supply, which had been taken into use on the 11th of May and was discontinued on the 14th of May. This well-water was taken into use through a misunderstanding. The water was examined chemically and bacteriologically by the District Sanitary Officer, Punjab Command, and pronounced suspicious and unfit for drinking purposes. He described it is a dirty water, containing considerable numbers of the *Bacillus coli communis.* The enteric bacillus was not discovered in it.

Rawalpindi.—Though every endeavour was made to trace the cause of the disease, in no case could it be ascertained. During the hot weather it was noticed that a good many cases occurred when dust-storms were prevalent. This may very probably be a cause of the disease, either by contaminating the food, or by being inhaled by men who are predisposed to typhoid fever. The drinking water was of excellent quality, and no means of purification was used, because such was considered unnecessary. The agglutination and sedimentation tests were used in all doubtful cases to make sure of the nature of the disease. The small number (22) of admissions for simple continued fever in a large garrison like that of Rawalpindi shows what care was devoted to the diagnosis of enteric fever......Agar tubes were inoculated from the spleens of many enteric cases *post-mortem*, and the "*Bacillus typhosus*" was always found.

Sialkot.—The complete immunity of the women and children in this station this year must be recorded ; and, although numerically their proportion to the men is not great, yet, considering that the disease is one of early life, it is surprising that the children and young married women should have escaped altogether. As this coincidence occurs, I believe, in many other stations in India, it would lead to a suspicion that the most natural method of infection in barracks is one that has connexion only with the pursuits and environment of the male population. This would seem to point to the likelihood of the drinks, etc., supplied in the bazaars being a source of infection ; but, while not denying that this is a common source of infection, the fact that officers and ladies are in no way exempt from the disease would certainly show that other sources of infection exist.........A bacteriological examination of the water was made in June 1899, but no pernicious micro-organisms were found.

Kalabagh.—In four cases the disease was probably contracted coming up country...... A large number of cases occur in India as a result, apparently, of "coming up country" from Bombay. My own experience is small, but I could not help being struck with the dirty state of the carriages provided in the troop-trains for the men......Every troopship after each voyage is cleaned and painted inside and out, and I think if this process were extended to the troop-trains, a good deal of sickness might be avoided. Likewise, the provision of a special fitted up with aërated waters would also lessen the risk of infection.

Peshawar.—In Peshawar there are numerous canals or ditches, which on certain days of the week convey dirty and muddy waters ,to the various parts of the cantonment for purposes of irrigation. These small canals run in every direction, through native bazaars, past latrines and other sources of pollution, and are used by natives to wash milk receptacles in, to cool hot milk in, to wash articles of food in, such as tomatoes, onions and fruit, which are immediately afterwards sold to the British soldier. In nine cases out of ten these articles are eaten without any other cleaning on the soldier's part. The consumption of aërated waters prepared from impure water is a very possible source of danger to the troops in Peshawar. But a very beneficial effect was produced by the bazaar being out of bounds for practically the whole year. In the early part of the year a soldier was murdered there, and the troops put it out of bounds for themselves ; while in the latter part of the year it was placed out of bounds by the authorities on account of the prevalence of small-pox. Dust is another very fertile source of enteric fever in Peshawar. The roads are most inefficiently watered. There were only two admissions for enteric fever during the first two months of the year, and during these two months more rain falls than at any other time in the year......In my opinion, if these dusty roads were well watered, enteric fever would be considerably reduced.

Cherat.—The incinerator not being on the principle of a reverberatory furnace, consumes the night-soil and refuse very slowly; and in order to dry them partially, they had to be mixed in heaps, so that there was always an accumulation of drying refuse and night-soil waiting to be put into the incinerator. The frequent high winds, and the flies which were noticeably more abundant at the incinerator and at that end of cantonment than elsewhere, suggest the possibility of the dissemination of dust from this accumulation, and of contamination of food and water; and may account for the markedly greater amount of sickness, particularly enteric fever, among the troops occupying barracks at the east end of cantonments (*i.e.*, near the incinerator) both in this and in former years.........During July very strenuous efforts were made to protect the stored water and the cook-houses from dust and flies; and the night-soil was kept in the carts until it could be mixed with the refuse and put into the incinerator with little delay. Only one case occurred in these barracks after this.

Wellington.—Enteric fever prevailed in the months of May, June and July. Both officers and men had the disease, and it was distributed between the Convalescent Depôt and the Regiment, and in the old main barracks as well as in the new hut barracks. The bacillus of typhoid was reported to be present in the source of the channel water, and at a stand-pipe for the hut barracks supply for drinking. Otherwise the water was reported pure. It appears that this disease may be due to the pollution of the soil by natives, who may hand it on in a mild or modified form, and that it spreads by means of contamination of water or food......Although I am not so sanguine as to say that improved sanitation will put a stop to enteric fever in Wellington, I feel sure that it will mitigate it to some degree...... Curiously enough, although there were 56 women and 111 children present during July, when there were twelve cases of enteric fever under treatment in hospital, not one case occurred among these classes of persons. This is the more noticeable, as Private Steptoe was a married soldier, and was admitted to hospital from the married quarters, where he lived with his wife and family......There is a double water-supply, which may be an element of danger, especially as the washing water is very impure. The drinking water is good so far as physical characters or chemical analysis can prove. The supply for the main barracks, station hospital and married quarters was also reported to be free from bacilli. The supply for the hut barracks, although chemically good, was reported to contain typhoid bacilli. The wells from which this water is drawn are in an exposed position near the main Kotagiri road, and they are uncovered and liable at present to contamination from passing natives, road-washings, or dust. About 300 persons in the hut barracks used this water, and there were 2 cases of enteric fever among them. All the water used for drinking by troops is supposed to be boiled and "pinked"; but I found on making inspections at unusual times, and by talking to the men, that this was not always carefully carried out. Many of the men dislike the boiled (or warmed) and pinked water, and habitually use water from the stand-posts in preference to it. I am afraid the human element is too strong to ensure the proper protection of water by the process of boiling and pinking as at present carried out. It is only pretence to imagine that it is done with careful attention to details. I have made unexpected visits during these operations here and in other stations, and I was not satisfied with the rough methods......During the months when enteric fever is prevalent, the troops are exercised on field days, and men will readily drink anything when hot and thirsty......From my observations in Wellington I am strongly of belief that a possible factor in the causation of enteric fever is surface pollution. The natives object to use latrines, or any place set apart for such a purpose, and prefer to go among the undergrowth, especially near running water, where they can eat rice, drink, wash and ease themselves conveniently. There can be little doubt that enteric fever exists among the natives, probably in most cases milder in type than among Europeans; and in this way contamination is spread by water, or dust, or flies, and gets into drinking water, milk, or food......Until recently the night-soil was simply thrown into large pits about 800 yards from barracks, and it smelled intolerably. Barrack refuse too was all thrown in a heap, wet and dry, about 300 yards from the main barracks, and bred innumerable flies that infested the cook-rooms and all the neighbourhood......As to food, the two greatest sources of danger are milk and butter. All the butter may be considered doubtful. I am inclined to think that most, if not all, of the residents of a district are subjected to the influences that originate the disease, but that there must be some personal, an unknown, predisposing factor. If the local factor in Wellington is filth, it is very universal in the cantonment.

Bangalore.—With the exception of the cases early in January, which were apparently associated with the fact of the admission of the enteric bacillus to the drinking water used in the horse lines, no case was absolutely traced to its origin......The drinking water is supplied to the barracks by stand-pipes suitably situated. From these it is drawn off under European supervision, taken to the cook-houses of each corps in galvanized iron buckets, there boiled and permanganated, and, still under European supervision, removed in buckets to the old Macnamara filter cases placed in the verandahs of the barracks. In the mounted corps there were in addition arrangements for the supply of drinking water in the horse lines. Here I found that earthenware chatties were in use, filled by native bhistis from the Macnamara filter cases. I thought these chatties very liable to airborne contamination, and condemned their use.......As a matter of fact, the only enteric bacillus found by bacteriological examination all through the year was found in one of these chatties, which stood in the forge of one of the field batteries......The hope expressed last year that the introduction of a new and better water-supply would tend to reduce the number of cases has not been realized ; but the origin of enteric fever is far from being confined to any one source, such as water. The supply as it issues from the pipes has never shown traces of enteric germs. I should like to summarize as follows. The cause of enteric fever exists generally over the station. The mounted corps stationed on Agram plain suffered very much more than the others. It was noted that those occupying barracks nearest the horse lines suffered more than those living further away. Insanitary conditions—an open sewer and a night-soil depôt—were found on the side of the barracks beyond the horse lines, perhaps 500 yards from barracks, with the horse lines midway between. These were to windward of the barracks during the monsoon. The men were exposed to emanations from these not only in their barrack-rooms, but, when in the horse lines, several times a day. In addition, the irrigation of the lucerne by sewage formed another source of danger. When these dangers were noted and two of them removed, I ventured to prophesy that, if I was right, a reduction in the ratio of cases to strength was to be expected, dating from about three weeks from the closing of the depôt and sewage irrigation. This has taken place. Failing this theory, with the addition of the proximity of the horse lines to barracks, and the increased dust, flies, etc., that it brings, I am unable to see why one body of men should suffer so much more than the other, when the conditions of life and surroundings, except as pointed out, are so similar.

Rangoon.—The one point of interest is that Rangoon in 1899 showed a marked immunity from enteric fever. The whole system of water supply is as bad as it well can be, deficient in quantity, and freely open to contamination both *in situ* in the wells, and in transit in the mussacks. I have seen it stated that no ill-effects have been noticed as the result of this defective water-supply, but this statement I can contradict emphatically from personal experience here some five years ago......Until the artesian well has been sunk and a pipe system established, precautions are taken by boiling and the use of permanganate of potash to destroy any existing contagia.

Meiktila.—As no enteric fever had occurred at this station since 1895, a great deal of trouble was taken to ascertain the probable cause of the outbreak : but, unfortunately, no certain conclusions could be arrived at, although very strong suspicion fell upon the water-supply. The water, which is drawn from the lake, has been shown by repeated analysis to be impure ; but it is always precipitated by alum, boiled and treated with permanganate of potash before being put in the filter tubs to be used for drinking purposes. It is quite possible that some may have been introduced unboiled into the tubs, or that the milk may have been adulterated with unboiled water......It can be proved that the soil around the margin of the lake, whence the water-supply is drawn, is much polluted, and that this filth after heavy rainfalls, or when the level of the lake rises, is washed into its water. The short hot weather and unusually early rains, and consequent humidity of the atmosphere during the past year, favoured the retention of vitality and the development of the enteric bacillus in the marginal filth. The men attacked were especially susceptible on account of their previous ill-health. There is no convincing proof that the infection was taken into the bodies of the men affected in any particular medium. But I am very strongly of opinion, as a result of my inquiry into all the circumstances, that the infection had its origin in the waters of the Meiktila lake, whether in unboiled water direct from that source, or indirectly from the filter tubs, from adulterated milk in barracks, or in aërated water, in native food, or in native sweets in the bazaar......The process of purification of water adopted has several objections, which were detailed in last report......The erection of a Larymore boiler has been sanctioned, and a new water-supply scheme is to be put in hand, the materials having already been ordered.

Shwebo.—Two cases of enteric fever occurred during the overflow from the King's Tank into the cantonment reservoir, and were no doubt attributable to that cause, as men will occasionally drink water from the stand-pipes, however carefully boiled and permanganated water be provided for them......There is not enough of the well water to allow of its use for cooking, washing of food utensils, or for the use of the cantonment bazaar. Water is also supplied in pipes, and at considerable expense, from a large tank or lake, which forms the overflow outlet to the King's Tank, which is the terminal lake of the old Mu canal. That is to say, it receives the surface drainage from over 60 miles of well cultivated and manured land, and also of the land fouled by human excrement round many villages. As the water is run off by sluices at the western side for the supply of the land below, its exposed bed is manured and cultivated. Naturally the water collected in the tank approaches more nearly in character to a good fertilizing sewage than to a potable water. Also near the stone bund dividing this tank from the cantonment reservoir a village has arisen and is increasing in size, and the purlieus of this village are flooded when the King's Tank is full. In a dry season like 1898 the water is required for irrigation, and seldom flows over the stone bund between the tanks : but in a wet season like the last no extra water is required for the fields below, and then the water flows over the stone a foot or more deep, the sluices are opened to their fullest extent, and the foul water from the King's Tank flows in a full stream through the cantonment reservoir, and escapes over a weir at the pumping station which supplies the cantonment stand-pipes and cook-house cisterns, and the cantonment bazaar with its drinking water. It is clear that should there be an outbreak of cholera in any of the villages drained by the Mu canal, there would be every chance of its being conveyed, at considerable cost and labour, to the cantonment bazaar which is much frequented by the men for suppers every evening; and also direct to the troops, for although their drinking water in barracks is boiled and treated with permanganate of potash, the water for washing food utensils, and the whole of the water supplied to the bazaar, is not so protected, and constitutes a very grave and ever-present danger to health. During the present rainy season the King's Tank water was flowing freely through the cantonment reservior for more than six weeks.

Ahmednagar.—I consider the following insanitary conditions in the vicinity of the cantonment to have been the chief cause of the prevalence of enteric fever among the British troops in 1899. The city filth-pits lie to the west of the artillery and British infantry lines, the nearest barracks being about 1,800 yards and the farthest 2,000 yards away from them The prevailing winds from the beginning of March to the middle of October are from their, direction ; and during these months the nauseating effluvia blown over from them are perceptible at night in the barracks. The removal of these pits is under the consideration of the military authorities. A site for them has been selected to the south-west of the station, at a distance of 5 miles from the city and 3 from the nearest barracks. Bhingar native latrines, used by a village with 5,000 inhabitants, lie on the border of the cantonment bazaar, 1,200 yards north of the nearest barracks. The effluvia from these are also perceptible in the lines, especially at night, when the wind is from their direction, which is more or less the prevailing breeze from the end of October to the beginning of March. The Bhingar municipality, not having funds to allow of their removal, promise to keep them clean. From the end of 1898 to the end of May 1899 the cantonment excreta were deposited in Faria Bagh, about 600 yards to the south-west of the artillery barracks. The 42nd Battery, Royal Field Artillery, arrived in March 1899; the men complained very much of the smells; and there was an unusual amount of enteric fever among them, which ceased on the closure of the pits. The cantonment filth-pits are too close to windward of the British infantry rifle butts, and complaints have been made by the officer commanding of the smells while the men are out firing. Proposals with regard to them are under the consideration of the military authorities.

Mhow.—Enteric fever has been much less prevalent than in 1898, and during the first three months of the year no cases occurred in the station. I cannot say what this immunity was due to, as the conditions under which the troops lived were the same as in the previous years. I cannot attribute the cases of enteric fever to water or milk, taking into consideration the careful method of protection observed with these supplies. Indian cantonment dust is recognized as fæcal laden. High winds are frequent in Mhow during the height of the enteric fever season. Does the *bacillus coli communis*, the micro-organism ever present in fæces, take on a pathogenic character, and develop into *bacillus typhosus* under certain conditions?

Nasirabad.—The same sanitary supervision is strictly carried out throughout the year, and why the disease should be more prevalent at one time than at another I am unable to say........ I am inclined to think that a large proportion of the cases were contracted outside barrack limits. It is well-known that a large number of men resort to the brothels in the bazaar; and, as a rule, these houses are very insanitary. Drinking water is usually contained in a large ghurrah at the door of each brothel, and this is probably contaminated, being taken from the nearest tank or well.........The great scarcity of rain during the year, together with the great heat and frequent dust-storms in August, no doubt accounted to some extent for the larger number of cases over the previous year......... The dairy is under European supervision.........The Dilwara well for drinking and cooking purposes is disinfected by permanganate of potash once a week, and the water is boiled and again permanganated before consumption by the troops. The water from the Danta wells, for washing, is conveyed to the barracks and other buildings by means of pipes, which have stand-posts and taps attached where required. The bazaar is also supplied in the same way. This water is also disinfected once a week by permânganate of potash, and the pipes themselves are flushed with the same substance once a month.

Neemuch.—There was, so far as could be ascertained at the time, no source of infection in the barracks. The milk was boiled or pasteurized before use. The water was treated with alum and potassium permanganate, and then boiled in Larymore boilers; and all the supplies were most carefully looked after. Four of the men admitted frequenting the bazaars, and had been there within a month of their admission, and four were on admission found to be suffering from venereal diseases contracted in the bazaar. In the seventh case the man had been a patient in hospital for 27 days before the onset of the fever. I collected and despatched to the Government Analyst, North-Western Provinces and Oudh, samples of water from five different places.........The Chemical Examiner reported that the enteric bacillus was detected in the sample of drinking water from a ghurrah in No. 4 block occupied by the detachment of the 1st Battalion, Royal Fusiliers, and in a sample of the water used for cooking in the officers' mess, 27th Battery, Royal Field Artillery; but not in the other samples. The ghurrahs in which the drinking water in the verandahs of the barrack-rooms was kept were believed to have been at fault, and to have infected the water; so these were all destroyed, and orders given that before taking new ghurrahs into use, they should be washed out with boiling water. The purification of the water is carried out as follows. The water is pumped from the well into a large elevated iron tank, which is covered with a wooden top in which there are manholes giving access to the tank. Alum is added to the water in this tank every evening in the proportion of 8 grains per gallon. In the morning the supernatant fluid is run into a second masonry tank by means of a stop-cock. The precipitate is run off by means of a scour plug. To the water in the second tank potassium permanganate is added in sufficient quantity to give the water a pink colour. These tanks are cleaned by means of a long brush from the top, and no one is allowed to enter them. From the second tank the water is pumped through a hose-pipe into the iron water-cart, which carries it to the Larymore boilers. By means of a pump fixed on the water-cart, it is pumped through another hose-pipe into the Larymore boilers. After boiling, the water is distributed to the various barracks, etc., by means of galvanized iron buckets, where it is kept in Macnamara cisterns and chatties. The water chatties have been furnished with tin lids. This is a great improvement, as it prevents the dust being blown into the water.

Colaba.—The cause so far as it originated in the station must be limited to the Royal Garrison Artillery barracks; but whether the disease has been contracted in the barracks or in the town of Bombay, it is impossible to say. Two facts are of interest in this inquiry. The milk in the artillery dairy has been much watered, and in consequence the native contractor was discharged; though it was noted on inquiry that the men drink very little fresh milk: they almost all drink condensed milk. The second fact of interest is that the men have been seen eating small shell-fish (corresponding to the English periwinkle) that are picked up on the rocks surrounding the foreshore by natives. As this foreshore is much used by natives for latrine purposes, these small shell-fish may have had something to do with the disease.

Deesa.—In the case of one young soldier who was admitted to hospital with venereal disease, bazaar sweetmeats were found in his bed by the Assistant Surgeon, and he afterwards developed enteric fever.........All the milk in the dairy is pasteurized before use under European supervision.........The water is procured from wells by means of force pumps, and prior to use it is treated by alum and permaganate of potassium........The cases of enteric fever were probably caused by the consumption of liquids or food from unauthorized sources.

Aden.—A new incinerator for the destruction of enteric excreta has been erected...... The quality of the condensed water has been subjected to analysis several times during the year, with satisfactory results.........The cases of enteric fever, fewer than in the preceding year, were all isolated cases, the cause of which I was unable to discover. Since the improvements in sanitation only one case has occurred, and the patient attributed it to some mineral water which he had drunk outside cantonments.

Quetta.—Careful inquiry was made in each case into the usually recognized causes of enteric fever, with a negative result. This year I was unable to trace dust as a cause definitely, except in one case where the patient, in the absence of leading questions, attributed the disease to the dust from a condemned mud-walled latrine which was being pulled down........Unfortunately, we have had another dry year, rendering our water-supply scarcer than ever, and resulting in the death of hundreds of trees: but I am firmly convinced that with an adequate water-supply (*e.g.*, another 7″ pipe from the Urak water-supply) for watering the roads and promoting the growth of trees and general vegetation, enteric fever, in an epidemic form at any rate, could be practically banished from Quetta.........The following measures were taken to stamp out the disease. A special sanitary officer was told off. All evacuations from existing or suspected cases were incinerated, and bedding was disinfected by boiling. In all the latrines in barracks and in the hospital 10 per cent. of quicklime was mixed with the dry earth. Automatically closing wire-gauze doors were fixed to all cook-houses in barracks and hospital to keep out flies; also to regimental dairies and mineral water factories. Wire gauze was affixed to the slaughter-house, so as effectually to exclude flies. New pattern latrines were erected in all cases to leeward of the prevailing wind. New iron receptacles with hermetically (?) fitting lids were supplied for latrines in the European lines. All latrines used by natives were moved to new sites, and the old soil either removed (when much contaminated), or dug up and mixed with quicklime. Special houses were built for sweepers in connexion with the latrines under their charge. The site of the old trenching ground which was condemned in November 1898 was newly sown, as far as possible, and cropped; and some of the old soil was removed by zemindars for purposes of cultivation. Unfortunately the want of water prevents thorough cultivation being carried out. All milk issued was boiled or sterilized. Pipes were laid on to officers' quarters, soda water factories, cook-houses, etc. The water was analyzed at Bombay, and reported on favourably. All surahis in use in the wards on 17th January 1899 were broken up and replaced by new articles. Preventive inoculation was carried out as much as possible.........The sanitary state of the barracks and station generally is good, with the exception of the disposal of night-soil, which has been under the anxious consideration of the local authorities during the year.

Results of special sanitary investigations.

14. The officers on special duty for sanitary investigations have submitted full reports on different points, and on various stations, the following being their conclusions in brief:—

Water-supply of Umballa Cantonment, by Major A. M. Davies, R.A.M.C., dated 17th May 1899.—.........From an examination of the *sources* of the present water-supply to Umballa Cantonment it would appear that a good and satisfactory water-supply as regards quality should be afforded by the wells at Khera and Handesra. The wells are of good construction, cemented and well covered in. This water is, however, mixed to a considerable extent with sub-soil and surface drainage water in the duct that leads to cantonment, on account of the walls of the duct being pervious, and at one place actually composed of perforated brick. This drainage water is derived from land that is cultivated and manured, and is therefore not a fit source of supply for drinking water. The whole of this 'main supply' therefore, when it reaches the cantonment, is of a character not to be recommended for drinking purposes. The Royal Artillery wells and Bibial well are exposed to contamination owing to the method of drawing the water in the case of the former, and to the absence of any covering to keep out dust in the case of the latter: moreover, none of these wells are cemented. Neither of these "supplemental supplies" can be regarded as in any way satisfactory for drinking purposes. The method of *distribution* within the cantonment is by a system of masonry ducts, the walls of which appear to have been originally cemented inside and out to render them impervious, but which are now certainly pervious throughout the greater part of the system.........Where the duct lies on, or beneath, the surface of the ground, the liability to contamination seems to be considerable............One open deep well exists at No. 14 Baoli in Mall Road, which allows for possible contamination of the duct supply. Supposing the water to have been of unexceptionable quality to begin with, the method of distribution by porous-walled ducts would lay it open to possible contamination throughout the whole system of supply. From the results of bacterial cultivations (together with physical, chemical and microscopical examination) as applied to each of the sources of supply, and to three selected points in the system of distribution, it appears that none of the samples examined can be regarded as pure water. In three samples, *viz.*, Khera well No. 4, the Lower Distribution Tank, and Baoli No. 30 in Commercial Road, an organism was found very closely resembling *bacillus typhi*, and which, in my opinion, must be regarded as of the same significance as *bacillus typhi*. Its presence in Khera well No. 4, I am unable to explain. In the Lower Distribution Tank and in Baoli No. 30 its presence is explicable on considering the liability to contamination with drainage water from cultivated and manured ground that is known to exist. That such access of drainage water does take place is shown by the presence of considerable numbers of *proteus* in the Distribution Tank waters (these germs being absent from the Khera and Handesra well waters); also by the great increase in the number of colonies found in these Distribution Tank waters as compared with the well waters. The samples examined from the Royal Artillery well No. 3 and the Bibial well also contained such a large number of germs as to be unfit for drinking. Only two of the samples examined can be considered as "usable," namely, Khera well No. 1 and Handesra well; but neither of these are satisfactory samples. The present water-supply to Umballa Cantonment can only be regarded as most unsatisfactory in every way as regards quality, and indeed dangerous. The organism resembling *bacillus typhi* does not seem to be present in large numbers; that is, it was not found in large numbers in the month of April. Out of the many hundreds of samples of water that I have examined bacteriologically during the last two years in different parts of India, I have not succeeded in detecting any organism distinctly "coliform," or resembling *bacillus typhi*, except in the present instance and at Dagshai in 1897. I am not able to affirm that the organism is typical "*bacillus typhi*," but I feel convinced that it should be regarded as equally capable of causing enteric fever, provided the necessary predisposing or adventitious causes or circumstances are present. The prevalence of enteric fever, and the occurrence of some cases of cholera, in Umballa

Cantonment during recent years appears, from epidemiological considerations in regard to occurrence and distribution, to have been due to the water-supply. The conclusion is that the present water-supply is bad, and requires to be entirely remodelled : a system of distribution in closed pipes is absolutely necessary The supplemental supplies from the Royal Artillery wells and the Bibial well are also bad, as at present arranged : both supplies should be derived from cemented and protected wells, if their continued use is necessary. Irrespective of the quality of the present supply, its quantity is so much less than is required that a fresh source of supply must be found before long under any circumstances. The construction of a series of wells in the direction of Khera, as proposed by the Executive Engineer, would afford, as far as I am able to judge, an excellent supply, care being taken that the wells are properly constructed and protected, and that no water is derived from any inhabited area (such as Khera village) : it is also necessary that the distribution should be by closed pipes, not by a pervious-walled duct. Meantime, thorough boiling of the water, precautions regarding its subsequent storage to prevent contamination, and the free use of permanganate of potash, are the measures indicated to minimize the risk that at present exists.

Sanitary condition of Kohat, by Major R. H. Firth, R.A.M.C., dated 26th May 1899.—Reviewing the facts and observations made during this visit to Kohat, I am unable to report any very grave general sanitary defects or conditions. The cantonment and city have an excellent water-supply, the good influence of which is, however, somewhat neutralized by the somewhat lavish distribution of irrigation water of very doubtful purity. This irrigation water is undoubtedly often used in place of the purer supply from the stand-pipes. The most urgent sanitary reform needed in Kohat is the immediate evacuation and demolition of the centre infantry lines............... New lines should be built quite away from the present site, a suitable location being to the east of the present cantonment............The great defect of Kohat is that it is cramped and overcrowded : the whole cantonment needs opening or spreading out. Both men and officers are too much crowded together............Grave errors in connexion with municipal disposal of excreta have been committed............

Proposed water-supply for Ranikhet, by Major J. R. Forrest, R.A M.C., dated 29th June 1899.—Bacteriologically I think these are good waters. They all, however, held in suspension a quantity of mica some of it very finely divided. After three days' rest the mica had not entirely subsided ; there were then, however, only a very few plates of extreme minuteness in suspension. Unless the settling tank is sufficiently large, and carefully worked, I think the water would be liable to cause intestinal irritation.

Water-supply and conservancy of Jutogh, by Major J. Keatly, R.A.M.C., dated 30th June 1899.—The water-supply is derived from two sources called the north and south springs which are estimated to yield 20,000 gallons daily. The drinking water is supposed to be all obtained from south spring. Both sources are situated at a considerable distance from the station and on a good deal lower level..............The water is carried upon mules ......The drinking water for private individuals is carried up in mussacks by bhisties ......Owing to the distance of the sources there is difficulty of proper supervision...... Owing to the difficulty of the ascent, there is a great temptation to the bhisties to take water from pools which may happen to be most handy. Cases of this were noticed last year. There is a danger of contamination of the north spring owing to the incinerator, and a path leading to it by which night-soil is carried, as well as the mule lines, being placed directly above it. The supply also is insufficient owing to the difficulty of carrying water up......In the case of water carried in pakhals and mussacks there is certain contamination from the character of these vessels. To prevent defilement of the ground near the south spring, I have recommended a movable latrine to be placed near the spring and below it, and the employment of sweepers to clear away mule droppings, etc. This has been done. To prevent contamination form pakhals, I have recommended that the drinking water of the British Infantry detachment should be conveyed in tins like that of the Royal Artillery. The Annual Barrack Committee recommended that the drinking water should be pumped up from the south spring. It is, however, stated in the annual report for 1898 that the estimated cost, *viz.*, Rs. 80,000, would probably stand in the way of this being done. If this be so, I would propose as an alternative that the Simla pipe water-supply which at present reaches Boileaugunge Police Post should be carried on to Jutogh......The night-soil is disposed of by incineration in summer and by burial in winter ......The position of the incinerator is about the worst that could by any ingenuity be chosen......The incinerator is old and defective in construction. Incinerators of good construction, and suitably placed, should be used all the year round, and burial of night-soil entirely done away with......

Bacteriology of springs at Almora, by Major J. R. Forrest, R.A.M.C., dated 17th July 1899.—The situation of Chimasim, Jagdal and Dhobighat in the midst of decaying vegetable matter and in a soil which is mostly very porous, is unfavourable, although the analysis shows Dhobighat to yield a good water. Jagdal does not yield a bacteriologically good water. No. 1 Sail spring yields a good water, but it is close to Sail village and is, I think, very liable to contamination through the sub-soil. The tank below the reservoir is at present open to the public, and the inhabitants of the village are at liberty to contaminate the water-supply of Almora. No. 2 Sail spring has some fields on the hill-side above it probably accounting for the water not being as good as it might be. Sail pulla I unhesitatingly condemn. There is cultivated land all around, a village below, and a house and stable for cattle above. Moreover, I found *B. coli* in this water. Companidhara spring arises in a field (280 feet below the level of the Gurkha lines), and there is cultivated land all around. Although at the time of analysis it yielded a good water, yet it is obviously liable to contamination from the land which it drains. Nail upper and Nail lower springs occupy the most unexceptionable positions, and yield very good water.

Sanitary condition of Aden, by Major A. M. Davies, R.A.M.C., dated 24th November 1899.—The very small rainfall is attended with various disadvantages, and in this situation it entails great scarcity of water: but the dryness of the atmosphere is no doubt a much healthier condition than would be a moist atmosphere at similar temperatures; and the very large amount of direct sunshine that continues throughout the year must also be a powerful agent in preventing the development of the disease-poisons that in tropical climates cause the principal sickness, both in the European and native populations.

Water-supply.—The drinking water-supply for the troops is entirely derived from the condensers worked by the Commissariat Department, one at Steamer Point and one at Sira Island (for the Crater and Isthmus Positions). In neither case is the intake quite satisfactory.........(After noticing in detail defects in the methods of storage and distribution of drinking water Major Davies goes on:—)The provision of a piped supply, obviating all danger of contamination in distribution, also doing away with the need for storage vessels, would be a great sanitary improvement. At Steamer Point it would be costly on account of the arrangement of the barracks on the hill-sides at different elevations. Pumping would be required, and very careful supervision to prevent waste. This distribution should be to each barrack, bungalow and cook-house. At the Crater there would be no difficulty and slight expense in piping the water. For the Isthmus it might still be permissible to cart out the water in iron carts carefully cleaned, and to store it in Macnamara tubs.......The quantity of water allowed per man is 3 gallons condensed water daily for drinking and cooking, which is enough. For ablution purposes 2 gallons of water are issued which seems insufficient. ....The native population of the peninsula derive their drinking water partly from the well-known old tanks which collect rain water, partly from wells in the Kussaf valley, but chiefly from wells at Sheikh Othman. This Sheikh Othman water, though locally considered to be sweet and good, contains large quantities of chlorides, sulphates and lime, and cannot be truly described as a water fit for drinking, though it does not appear to have had any injurious effect so far. It is liable to pollution in the case of many of the wells, as these are quite shallow, and situated in the village itself, actually in the back yards of the houses. Such a supply, though not proved to have been *injurious*, must be considered to be *dangerous.* A good supply can no doubt be easily obtained by sinking wells into the underground water of the stratum above the village of Sheikh Othman..............Bacterial examination of water samples showed that the condensed water taken direct from the condenser (after passing through a charcoal filter) contained very few germs: when taken from the water cart, also from Fort Tarshain Tank, very large numbers were found: this was probably due to the warmth of the water, dust in transit, and imperfect cleansing of the carts and tanks. An organism belonging to the "coliform" group was isolated from the Steamer Point water, taken direct from the filter after condensation, and from the water cart: it indicates contamination by dust. From the Fort tanks a fluorescent, putrefying organism was isolated, not present in the condensed water, but found in the aqueduct water: it suggests that aqueduct water may have been to some extent substituted for condensed water in filling these tanks. Condensed water that had passed through the charcoal filter at Sira Island was found to contain phosphates and free ammonia, being thereby made an excellent breeding ground for micro-organisms. The Sheikh Othman waters all contain putrefactive germs: the Jews' well and the Dhobis' well contain the "coliform" organism that indicates dust contamination.........

Aërated water-supply.—The bacterial examinations showed the Royal Artillery sample and that from Bichaji Cowasji & Co. to be pure, while the samples from the Derbyshire factory and Cowasji Dinshaw & Co. contained more than 100 germs per c.c., including putrefactive organisms. The last named also contained the "coliform" bacillus previously mentioned. In both cases there is some contamination, possibly in washing the bottles.

Dairy supplies.—There are no regimental dairies, but a government dairy has recently been started, and supplies milk and butter to the station hospital, to some residents, and to the troops to a small extent. In all the details of the housing, feeding and milking the cows, storage of milk, and making of butter the arrangements are most carefully planned to provide for the genuineness and purity of the milk and butter supplied..........A garden is now in process of formation at Sheikh Othman, where it is intended to grow vegetables, etc., for the use of the troops. This also will be a great boon to the Aden garrison, who have hitherto been but scantily supplied with fruit or vegetables. I feel sure that money laid out by Government in providing such articles of food as milk, butter, eggs, vegetables, fruit—farm produce in fact, will be well expended, and conduce to preserving the health of the troops: provided only that the concerns be properly managed. Herein lies the difficulty. At Aden the management at present is all that can be desired.

Sanitary condition of barracks.—(After detailing the numerous faults found by him in barracks, cook-houses, latrines and urinals, Major Davies continues:—) As regards the general sanitary condition of the lines, there is no comprehensive scheme of surface drainage for removal of slop water, this being carried down the hill by *halalkhor pakhalis;* the slop water from cook-houses and wash-houses is collected in catch-pits sunk below the ground level, which cannot be properly emptied or cleaned.

Conservancy arrangements in cantonments.—(After detailing defects in the cook-houses, latrines and urinals of the Crater and Isthmus Positions, Major Davies goes on:—) At Steamer Point the dryearth system has not been properly carried out in all its essential details, partly because the receptacles provided for carrying away the excreta have been too large to be carried down the hill-side, in consequence of which the excreta have been allowed to remain for hours in the privy pans; and partly because the sweeper establishment has not been sufficient for the work, owing to the distances between the latrines and the distances from the latrines to the cart depôt......The disposal of the filth is at present by means of deep pits: I recommend that this method be abandoned, and that the filth be mixed with dry rubbish and burned in some simple form of furnace or grate at the same site as at present used in Gold Mohur Valley......

Summary of Recommendations.—Most of the recommendations I have made are in regard to trivial matters of detail, requiring no great expenditure, or apparently authorized by existing regulations (*e.g.*, provision of authorized latrine accommodation at Steamer Point, Macnamara tubs for storing drinking water, hill pattern filth receptacles, etc.). The more extensive and costly improvements recommended are—(1) construction of a system of surface drainage at Steamer Point, and for the Native Infantry Lines at the Crater; (2) the total abolition of sunk catch-pits; (3) the provision of a European conservancy overseer and of an extra sweeper for the forts; (4) the provision of a piped water-supply for Steamer Point and the Crater; (5) the extension of the sweepers' passages and the abolition of cesspits in El Tawahi and Aden town, together with provision of sanitary latrines, private and public; (6) the disposal of sulliage water in El Tawahi; (7) the construction of a tramway to completely remove all filth from the Aden Peninsula to Sheikh Othman.........

Examination of a sample of water from the service reservoir, Quetta, by Major A. M. Davies, R.A.M.C, dated 16th January 1900.—This water contains only a small number of germs: two forms of liquefying bacilli were found, one of them being *bacillus subtilis*. No "coliform" organism, nor anything suggesting contamination, was discovered. The physical and chemical characters are good, and there is no sediment. The water is a good sample.

Proposed new water-supply for Loralai Cantonment, by Major A. M. Davies, R.A.M.C., dated 17th January 1900.—From an inspection of the source, and from examination, physical, chemical, microscopical and bacteriogical, of the water itself, I am of opinion that the Pathankot spring will furnish an excellent water-supply for Loralai. The proximity of the graves mentioned is an objection; but I consider that all risk therefrom can be avoided by the construction of a drain and wall to divert surface drainage; and a tunnel and cemented tank to intercept and receive the spring. The present water-supply to Loralai appears to be of the most dangerous character. Derived from a *karez,* it flows in an open channel past a native village and through manured ground, and is exposed to every form of pollution. The provision of a new supply would appear to be an urgent necessity.

Sanitary investigations and bacteriological examinations at Chakrata and Kailana, by Major A. M. Davies, R.A.M.C., dated 16th February 1900.—The water-supply is derived from springs on the Deoban hill, which appear to be free from all risk to contamination, except that A spring, before being impounded, receives the washings of a good deal of decaying vegetation. The water is brought to one end of the cantonment and thence distributed by pakhals and mussacks. The main distribution tanks require more supervision to prevent access of dust, and the cleaning arrangements might perhaps be improved; also the draw-off arrangements, so long as pakhals are used. The pipe-supply is intended to be laid on to Kailana. I recommend that when this is done, stand-pipes be furnished both to the Kailana Sadar Bazaar and to the small regimental bazaar at Chakrata; also that the pipes be laid into all compounds of officers' bungalows, so as to do away with the need for mussacks and pakhals altogether. I also recommend that the pipe collecting A spring be carried further up the *nala,* so as to avoid the rank vegetation through which the stream at present passes. There are two tanks in use (but ostensibly not by the troops) on Kailana hill, one by the bazaar inhabitants, the other, on the road side, chiefly for watering animals. From their situation both of these tanks are liable to pollution. If Deoban water is supplied to the bazaar, I recommend that taps be removed from the bazaar tank, and that both be either closed, or labelled "Not for drinking," and used only for watering animals. There is reason to suppose that the troops are in the habit of drinking at the roadside tank, and if the Deoban water could be led down the cart-road to a stand-pipe, for the use of the men, it would be a useful measure. Bacterial examination showed the presence of an organism identical with, or closely resembling, *bacillus coli* in Deoban A spring, the bazaar tank, and the roadside tank. Its occurrence in the two latter is not to be wondered at, as they drain Kailana hill. Its occurrence in the Deoban spring, I am unable to explain. This is the same organism no doubt that was found by Mr. Hankin (May 1899) in the supply pipe described by him as having the cultural characters of the enteric microbe, but not re-acting with Pfeiffer's serum. I did not find it in the distribution tank water, nor in the pakhal water, although more than two litres of each were examined. I cannot express a definite opinion as to its significance in such an unexpected situation as an apparently pure spring, or rather stream: it is an unfavourable sign: but I consider that further bacterial observations are required......The samples examined were water from the Deoban springs, from the distribution tank below the Chakrata parade ground, from a pakhal, and from the tank on the cart-road and the bazaar tank. Soda-water was examined from the South Wales Borderers' factory and from the Kailana Depôt factory. Samples of dust were collected from two bungalows at Kailana that had been especially affected by enteric fever; and a sample of soil from the site of a latrine was also examined. In the water taken from the Deoban spring A, from the road-side tank (Kailana), and from the bazaar tank; in the South Wales Borderers' soda-water; and in the dust from No. 9 Barrack, Kailana, was found an organism either identical with, or nearly related to, *bacillus coli.* In each case this was detected by means of a new test, devised by Mr. W. C. C. Pakes, Demonstrator of Bacteriology at Guy's Hospital, London.......In the case of the road-side tank and the bazaar tank (where from their situation the possibility of contamination might be expected), and in the dust from No. 9 bungalow (where it would be extremely likely to find the *coli* or typhoid organism) the detection of one or other of these microbes would undoubtedly be a confirmation of the opinion that these water-supplies were dangerous, and that infection had spread through the air of the bungalow where cases of enteric fever had occurred. In the soda-water, prepared under careful supervision and from boiled water, and not found to have had any relation with the occurrence of the epidemic, their presence is unexpected and not easy to explain. Still more unexpected and still less easy to explain is the presence of *bacillus coli* in the Deoban water, there having been really nothing to connect the drinking water with the causation of the epidemic, and the source of the water itself being apparently free from all likelihood of excremental contamination. Nevertheless the fact remains. The explanation, which to my mind is the most reasonable, is that from some causes (which I do not feel able to account for) the coliform organisms in these cases, though morphologically and by cultivation tests *coliform,* were in a saprophytic condition, perhaps attenuated and inert (that is, to a healthy human being) : and yet *under certain conditions* these organisms might become pathogenic, by a process of evolution. Their presence in the soda-water may be explained by supposing that they had gained access through dust (which must have been the reason for the very large number of germs present) ; but this explanation is hardly possible in regard to the Deoban spring water. Whatever may be the real explanation, and in spite of the absence of evidence to connect the occurrence of the epidemic with either water-supply, or soda-water supply, my opinion is that these coliform or pseudo-typhoid organisms should be considered to condemn the source in which they are found. I agree entirely with the conclusion of Dr. McWeeney of Dublin that "they occur regularly and abundantly in water to which attaches the suspicion of causing typhoid fever, very seldom and in small numbers in water which is beyond the possibility of sewage contamination." As a matter of fact, in two recent typhoid epidemics (Paisley, 1893, and Maidstone, 1897) due almost certainly to the water-supply, the presence of *B. typhi* could not be detected with the most careful examination, while *B. coli* was found to be abundant. In the present instance I do not consider the water-supply to have been the actual cause, or the principal cause in the Chakrata and Kailana epidemic (though there is some reason for connecting the cases in the Northamptonshire detachment with the road-side tank) ; but the fact that these suspicious organisms have been found in the water and soda-water cannot, I think, be without importance, although I am unable to indicate with any certainty their exact significance. I do not believe that the Deoban water can permanently or normally contain coliform organisms. I consider that bacterial examinations of this water should be made at as frequent intervals as possible during the present year to ascertain its condition. The sample from the Chakrata Distribution Tank would be considered a good drinking water : that taken from a pakhal contained a putrefactive bacillus, but would not be considered a bad water. The Kailana soda-water contained an organism which at first resembled *B. coli* in gelatine culture. Subsequently this resemblance disappeared; and the soda-water may be considered usable. The dust from No. 8 bungalow and the soil from the latrine site were not found to contain any organisms of interest.........The South Wales Borderers' factory at Chakrata is very well managed in every detail, except that the water after boiling was exposed to dust. Bacterial examination showed a very large number of germs in the soda-water, and amongst them the same coliform organism mentioned above was detected : it is most likely that this entered the water from the air, along with the rest of the germs. This defect was remedied immediately, the water being cooled in a covered place. At the Station Hospital, a native is employed by the Commissariat Department to purvey soda-water, etc. : the arrangements for its manufacture were fairly satisfactory, but I do not think that the hospital precincts are a proper place for the purpose. I recommend that this be abolished, and that the hospital supply be derived from the regimental factory. At Kailana there is a depôt factory, satisfactorily managed : previous to 26th August the supply had been furnished by the Borderers' factory.........I consider that the latrine arrangements at Kailana have been mainly responsible for the enteric fever prevalence during the past year, and that it is in this direction that the greatest care and watchfulness will be required in future. Both here and at Chakrata I recommend that, on the appearance of any enteric fever cases, a mixture of *quick* lime, one part, with dryearth, nine parts, be used in place of ordinary dryearth in any latrines suspected of infection ; or indeed throughout the lines. Obviously this would require intelligent supervision.........That the conservancy arrangements have been very bad, I regard as quite certain : the absence of scoops, and deficiency of dryearth boxes, as well as the condition of filth receptacles, showed that dryearth was practically not used It is impossible that this should have been the case only in October when my visit took place : it has probably been the case throughout the season. The absence of any dryearth stores (in a place with the rainfall of Chakrata) is noteworthy. That in only one latrine was the pan to be found in a dirty state is, I have good reason to believe, because the word was passed round to put the others in order. Not only have the conservancy arrangements been bad : the construction of the latrines has been bad also, and there is great probability that, during the last 10 or 12 years, the ground has become fouled. No greater contrast could be imagined than the condition of the Kailana *barrack* latrines and that of the *sadar* bazaar latrines : the former shows how badly a thing can be done with inefficient European supervision : the latter how well the same thing can be done under native supervision, if it is effective. The bazaar latrines, which are, I believe, of a pattern devised by Lieutenant-Colonel H. B. Thornhill, I.S.C., the late Cantonment Magistrate, are of admirable design and admirably taken care of.......The water-supply and conservancy of the ground require attention in each of the camps on the Saharanpur-Chakrata road. I would recommend, as a safeguard, that the mixture of *quick* lime and dryearth (1 in 10) be used, under careful supervision, at all the camp latrines when troops move along this road. It is certain that the ground of the latrines has been repeatedly infected in 1898 and 1899. No precautions can be too minute in regard to these dangerous localities during the present year ; they should be regarded as plague-spots, or as a zone of fire that has to be crossed. The camping-ground at Saiah is the worst on account of its small size : the well at Badshahi Bagh is the worst, as it is almost certain to be polluted...... In 1899 there were 75 cases of enteric fever in all, of which probably 29 were introduced (8 probably from the line of march) : only 5 cases, in my opinion, originated in Chakrata, the remaining 41 cases originating in Kailana. The reason for the very small prevalence in Chakrata is to be found most probably in the great improvements that had been effected in the cook-house arrangements and in the separation of cook-houses and latrines. At Kailana there was no improvement in these matters ; and infection having been introduced into the latrines, it spread, owing to their bad structural condition, to the fact that dryearth was not used, and (probably) because the removal of pan contents was not, as a rule, effected immediately. The chief incidence of the outbreak was on the Northamptonshire detachment, amongst whom 22 cases occurred : most of these, I consider, were due to latrine infection, occurring after the cessation of the rains in August, and ceasing to occur shortly after the particular latrine was closed. The poison was probably chiefly disseminated by dust through the air. A form of the colon bacillus was detected in the dust from No. 9 bungalow, one of the bungalows that suffered most.

As the relative freedom of Chakrata itself in 1899 (only 5 cases originating in the station) appears to me to have been due to the improvements in local sanitation, so I consider that the most important measures to be adopted now are the improvement of the sanitation of Kailana, especially as regards the latrine arrangements : of almost equal importance is the adequate supervision of the camping-grounds on the Saharanpur-Chakrata road.

Bacteriological examination of pipe-water from Shwebo, by Major A. M. Davies, R.A.M.C., dated 2nd May 1900.—The only organism found was a liquefying microbe ; no indication of the presence of *bacillus typhi* and no coliform organism was detected. The germs present were not counted, as so long a time had elapsed since the water had been collected.

Chamarajendra reservoir and Bangalore water-supply, by Major A. M. Davies, R.A.M.C., dated 5th May 1900.—The Chamarajendra lake, 14 miles to the north-west of Bangalore, is about 4 miles in length with a breadth varying from half a mile to a mile, and averaging about three-quarters of a mile. I am unable to state the average depth, but the total capacity is given as rather more than 767 millions of cubic feet, or about 4,800 million gallons. A portion of the site of the lake was formerly occupied by the Hesarghatta tank. By the construction of the present masonry dam a large additional tract of land became submerged and a source of water-supply was obtained for the city and station of Bangalore that, as far as quantity is concerned, must be regarded as most satisfactory: even after the extremely scanty rainfall of the past three years there remains a volume of water that is considered to be sufficient for a two years' supply at the present rate of consumption. As regards quality, the water is not so satisfactory: the lake impounds the drainage of the valley of the Arkavati river, which extends for some 20 miles in a northerly direction, which is thickly populated, and a large proportion of which is under wet cultivation: in this valley there are, as I was informed, more than a hundred tanks, all draining eventually into the lake, and all of course exposed to the usual chances (or rather certainties) of pollution inseparable from an Indian village. While it is therefore evident that a water-supply derived from a catchment area of this kind is not such as would be desired, it must be admitted that the sources of pollution are more or less remote, that the tanks probably act as settling reservoirs to a considerable extent, and that the purifying influences of sunshine and aëration are exercised to the full: besides which apparently no other possible source of supply could be found................ I consider that the most urgent matter is the removal of the villages of Byata and Kakol to new sites: after this, the putting out of cultivation of the lands draining directly into the Chamarajendra lake (Aivard Khandapur, Hesarghatta, Dasenhalli, Byata, Kakol): after this, the conservancy of Byata and Kakol tanks, by establishing a 50-yard zone of clean grass-land around each................ From the Chamarajendra reservoir the water is led in a main supply pipe to Tarabanhalli, where are the pumping station and filter works for the civil and military station. There are three filter beds, each measuring 100 feet by 113 feet, two being in use at a time, while the third is cleaned. The works are similar in design to those at Poona and Kirkee, and appear calculated to secure an efficient purification of the water. It is said however (as is also the complaint at Poona) that during the rainy season the water, as distributed, is more or less turbid, sometimes excessively so. If this is the case, and it can hardly be doubted, it points to some deficiency in the filtering apparatus, or to improper working.................... At the municipal water-works (which are quite independent of those for the civil and military station) alum is added in the proportion of one to one-and-a-half grains per gallon as the water enters the settling tanks. Here a considerable deposit occurs and the water is consequently much less turbid when it enters the filter-beds, and much more satisfactorily filtered in regard to removal of mechanical impurity. The present filter works for the civil and military station are not considered adequate for the work to be done (in view of an increased supply that is likely to be required), and it is proposed either to construct additional filter-beds, or to modify the system of filtration. Major G. Williams, R.E., Commanding Royal Engineer, Bangalore, is strongly in favour of introducing the "Jewell" system of filtration. This Jewell system, promoted by the New York Filter Manufacturing Company, is rather largely used in the United States. It is on the "American principle," or that of "mechanical sand coagulation with coagulants," which depends on the formation of an inorganic jelly upon the suspended particles in the water instead of an organic slime upon the grains of the filter-beds (as on the ordinary or "English principle"). Sulphate of alumina is added (from 0·6 to one grain per gallon) to the water, and subsidence allowed before the water is passed into the filters. It is claimed that not only are suspended particles got rid of, but that the bacteria are removed to the extent of 98 or 99 per cent.; while it is stated that filtration can be carried on *at the rate* of 128 million gallons per acre in 24 hours (=26,446 gallons per square yard) as against 398 gallons per square yard at present filtered. There is a special mechanical arrangement for washing the sand (with filtered water), which is done very frequently. This system has been favourably reported on by many American experts (amongst them, by Mr. George W. Fuller, formerly of the Lawrence Experimental Station, Massachusetts) and is said to be particularly applicable to waters containing very minute particles of clay in suspension, which cannot be filtered satisfactorily by the ordinary or "English" method. Mr. Fuller (referring to the water-supply for Cincinnati, Ohio) states that "there is only one way in which the clay particles can be removed, and that is to apply a chemical which shall aggregate them into flakes or masses, so that it is practicable to remove them subsequently by subsidence and filtration." The addition of the chemical is only made at those times of the year, when the water is especially turbid. Probably no one can speak with greater authority on the subject of filtration than Mr. George Fuller; and in view of this testimony to the efficacy of the Jewell system, I think it would be advisable to make a trial of it in the present case; especially as the company offer to make an installation apparently at their own risk, and subject to stringent conditions as to its proving to be efficient, both as a mechanical and as a bacterial purifier. From the filter-works at Tarabanhalli the water is conducted about 14 miles by a pipe main to the service reservoir at Bangalore, situated on the "High ground," and from thence distributed to stand-posts throughout the civil and military station. The extension of the pipe system into barrack bungalows and cook-houses and to the compounds of private bungalows would be most desirable to avoid the necessity for using mussacks. A bacteriological examination of a sample from the Chamarajendra reservoir and of a sample from a stand-pipe in Halsur road shows that they are fair samples of drinking water. The water from a stand-pipe in Bangalore station is naturally the better one of the two, having undergone filtration. The number of germs present is not excessive, and none of a hurtful or suspicious character have been detected. The sample taken from the lake before filtration contains about five times as many germs (though not an excessive number, considering the character of the water, derived from surface drainage); but none of a hurtful character were detected.

Some bacteriological work in 1899, by E. H. Hankin, M.A., Chemical Examiner and Bacteriologist, North-Western Provinces and Oudh and Central Provinces, dated 26th June 1900.—The work done for military authorities shows a continued increase. The total number of specimens analyzed was 884 as against 585 in the previous year. Of this total, 315 were tests of the numbers of microbes present in cantonment stand-post water and in the water of the closed-in wells used for drinking purposes by the troops in Agra. The tests showed that the effort to keep these wells free from bacterial contamination had been as successful as in the preceding year. The tests for enteric include a lengthy research carried out with the assistance of Colonel Routh, R.A.M.C., as to the part played by flies and dust in transmission of the disease. Twenty-two bottles containing flies were examined. These were caught at weekly intervals in cook-houses and latrines by Colonel Routh. The results were mainly negative. Only in one instance was a microbe resembling enteric in certain cultural characters isolated. Much reliance cannot, however, be laid on this negative result; in that flies frequently contain microbes allied to *bacillus proteus* which greatly add to the difficulty of searching for the microbe of enteric. Colonel Routh also sent me 52 specimens of earth collected in or near the cantonment filth-pits. In no case was the microbe of enteric detected, though in four instances a microbe was obtained having the cultural characters of enteric, but which did not react with antityphoid serum. I also received from Colonel Routh 311 specimens of water. In 27 of these the enteric microbe was detected. This total consists of 10 specimens of Jumna water collected at the inlet of the Agra water-works (*i.e.*, of water prior to filtration), 16 specimens of stand-post water (*i.e.*, of filtered municipal water), and one specimen of water from a chattie in a cook-house. Weekly examination of water from the closed-in wells used for drinking purposes by the troops failed to reveal a microbe resembling that of enteric in a single case. The continued decrease in the number of enteric admissions among the troops since these wells were taken into use is of interest in connexion with these results. The hands of regimental cooks and sweepers were examined in 12 instances for enteric. These men were made to wash their hands in sterilized water which was then sent to me by Colonel Routh for examination. In no case was any microbe resembling that of enteric detected. Ten specimens of aërated waters from different stations were examined for enteric with negative result. Two specimens of milk and one of cream were examined also with negative result. The enteric microbe was detected in one out of four specimens of water that were stated to have been treated with permanganate and boiled. These specimens were sent me from Neemuch. Enteric was also detected in two specimens of water used for cooking purposes in an officers' mess in the same station. The results obtained in the year under review appear to confirm my opinion that the enteric microbe is one that flourishes better in comparatively pure than in very polluted water. An account of my method of testing for enteric was published in the *Centralblatt für Bacteriologie*, volume XXVI, page 554. The method has already received comfirmation under the following circumstances. Eight or nine cases of enteric occurred among the crew of the S.S. "Montezuma" on her voyage out to Halifax to be employed as a transport for part of the Canadian contingent to the Transvaal war. A specimen of water from this ship was sent to Professor Adami of McGill University, Montreal, for examination. He attempted without result to isolate the enteric microbe from this water by the methods of Czapaldi (*sic*), Parietti, His (*sic*), and by modifications of the latter method. He and his assistant, Dr. Higgins, then tested the water by my method, and at once obtained typical enteric colonies. I owe the account of these observations to Professor Adami.......I have there pointed out that the discovery of enteric microbes in a water-supply is not of itself a final proof that the water is a source of infection. My test gives no information as to whether or not a microbe exists in a virulent condition. Epidemiological proof is necessary in order to arrive at a final conclusion as to the origin of an outbreak of enteric, as I believe is usually the case also with cholera.

Enteric fever in 1899.

15. There was a great decrease of both morbidity and mortality from enteric fever in 1899. The admission ratio (Table I) fell from 36·9 to 20·6 and the death ratio from 10·17 to 5·14, a difference of 16·3 and 5·03, and a percentage reduction of 44·17 and 49·46, respectively. The reason for this is to be found, perhaps, not so much in the climatic conditions of the year, as in the facts that the influx of drafts from England was much smaller than usual, and that there was no field service. There were (Table IV) 1,392 admissions and 348 deaths, against 2,498 and 689 in 1898. The average number of men constantly sick from enteric fever, excluding those at Lundi Kotal, was 213, and the average duration of a case, with the same exclusion, was 56 days. The total loss of service due to the disease was about 77,818 days, the men at Lundi Kotal being excluded from the calculation, because the requisite data were not furnished for them. At the stations of Barrackpore, Bareilly, Chaubuttia, Solon, Rawalpindi, Peshawar, Colaba and Quetta, at least, the Grünbaum-Widal test was employed as a means of diagnosis. The results of the preventive inoculations with dead bacilli after the manner of Wright will be commented on in Section X.

Fever mortality.

16. The following table shows an increase in total fever and in enteric fever, and a decrease in "other fevers" progressive through three decennia. It will be observed that the increase in enteric fever began suddenly in 1878 (see also Table XV), the year in which the short service system probably began to affect India, and the year which saw the commencement of the Afghan war:—

FEVERS.	1870.	1871.	1872.	1873.	1874.	1875.	1876.	1877.	1878.	1879.	1870-79.
Enteric Fever . .	1·59	1·62	1·87	1·34	1·70	1·44	1·82	1·60	3·64	3·59	2·03
Other Fevers* . .	2·56	1·74	1·38	1·11	·86	1·04	·59	·56	1·43	2·96	1·42
Total of both .	4·15	3·36	3·25	2·45	2·56	2·48	2·41	2·16	5·07	6·55	3·45

FEVERS.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1880-89.
Enteric Fever .	3·63	2·64	2·55	2·40	2·74	3·41	5·08	3·76	3·75	6·11	3·67
Other Fevers* . .	2·88	·72	·68	·46	·64	·72	·84	·74	·73	·81	·92
Total of both .	6·51	3·36	3·23	2·86	3·38	4·13	5·92	4·50	4·48	6·92	4·59

FEVERS.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1890-99.
Enteric Fever .	4·91	5·73	5·52	5·29	5·75	6·72	6·31	9·01	10·17	5·14	6·45
Other Fevers* . .	·64	·61	1·42	·70	·56	·59	·50	1·02	·73	·45	·72
Total of both .	5·55	6·34	6·94	5·99	6·31	7·31	6·81	10·03	10·90	5·59	7·17

* Intermittent, remittent and simple continued fevers.

During the three years of the Afghan war, 1878-80, the ratio was high. Afterwards it was lower for four years, but it never again fell to the low level of the previous decennium. It rose in 1885-86 with the onset of the Burmese war, and again very steeply and suddenly in 1889 for some unknown reason. After this it was lower for a time, but never returned to the level of the 1880-89 decennium. There was another sudden increase in 1897-98 with the outbreak of the Afridi war. With each of these sudden rises of enteric fever there was also a rise of " other fevers," which might be held to point to the hardships of war, if it were not for the case of 1889. It looks as if the persistent increase of the disease were due to the continuous supply of susceptible subjects, and perhaps to the greater abundance of germs derived from cases ; and as if a sudden aggravation by field service or some other cause were never quite recovered from, the disease indeed falling, but never again to its former level. This would appear to mean an increase in the amount of virus ready for work throughout the land ; and for such a state of things the only remedies would be the artificial immunization of the soldier and the total destruction of *all* the excretions of enteric patients. At the same time it must not be forgotten that the progressive increase of enteric fever was partly due to the gradual recognition of the frequency of the disease in India.

Enteric fever in the geographical groups.

17. The following table shows enteric fever in the geographical groups in the decennium 1889-98, and in the last two years :—

Admissions per thousand.

PERIOD.	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	North-Western Frontier, Indus Valley, and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts and Sanitaria.
	I.	II.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII*a*.	XII*b*.
1889-98	9·3	5·0	11·6	31·2	29·4	19·6	32·3	20·2	7·6	15·4	33·9	14·8
1898	7·3	4·5	19·3	44·1	36·6	29·6	47·1	25·7	2·6	19·3	59·7	20·3
1899	5·8	4·1	8·1	22·4	24·6	14·9	31·9	20·0	6·8	20·4	25·5	22·0

It shows that Groups V, VI, VIII and XII*a* are apt to have high ratios of admission from enteric fever ; and Groups II and X, and, to a less extent, I and IV, low ratios. It also shows that in most of the groups enteric fever morbidity was unusually low. Further particulars regarding groups may be obtained in Tables II, III, IV and VIII.

Enteric fever in stations.

18. The distribution of enteric fever throughout the year by stations and months may be studied in Table VIII. But the following shows those garrisons which had an average strength of over 1,000 in 1899, with the decennial ratios for reference :—

STATIONS.	1899.		DECENNIUM, 1889-98.	
	Admission-rate.	Death-rate.	Admission-rate.	Death-rate.
Chakrata	64·4	8·70	36·8	7·99
Rawalpindi	38·4	7·37	28·6	7·88
Bangalore	36·6	7·43	20·3	3·90
Lucknow	32·6	8·76	40·2	9·50

STATIONS.	1899.		DECENNIUM, 1889-98.	
	Admission-rate.	Death-rate.	Admission-rate.	Death-rate.
Umballa	32·0	8·97	31·1	8·11
Mhow	29·3	8·37	35·1	8·52
Ranikhet	29·1	4·85	36·5	6·13
Agra	27·2	8·23	48·6	13·60
Allahabad*	26·4	8·79	34·6	9·36
Peshawar	25·3	9·87	30·1	12·89
Meerut	24·6	9·31	35·6	10·23
Secunderabad	16·8	3·14	25·2	6·03
Bareilly	15·5	3·11	40·6	10·12
Sialkot	14·4	3·85	33·0	7·27
Wellington	13·9	2·99	8·8	2·75
Kamptee	11·4	4·73	12·2	3·60
Quetta	10·8	2·08	30·7	6·99
Poona	9·0	2·12	18·1	5·02
Colaba (Bombay)	7·9	1·58	4·2	1·71
Belgam	7·1	3·56	2·9	·66
Aden	6·4	1·83	4·9	2·45
Rangoon	5·6	1·88	9·6	3·09
Fort William	3·6	·91	5·4	1·73
Fort Dufferin (Mandalay)	1·0	...	6·1	2·16

* Including Fort Allahabad.

The high position occupied by the decennial admission ratios of Agra, Bareilly and Lucknow will be observed, and the low position of the ratios of Belgam, Colaba, Aden, Fort William, Fort Dufferin, Wellington and Rangoon. The contrast between the 1899 ratios of Chakrata and of Mandalay is also striking. In paragraphs 13 and 14 have been quoted the reasons given by medical officers for the prevalence of enteric fever in, or the absence of enteric fever from, certain stations, including Chakrata and Mandalay. The enteric fever of stations may be studied with the aid of Tables III, IV and VIII.

Enteric fever in regiments.

19. The enteric fever statistics of regiments and of the different arms of the service are displayed in Table XIV. The admission and death-rates were, as in the two preceding years, highest in the cavalry ; and next to them the artillery suffered most. The 47th Battery, Royal Field Artillery, was the only body of men that had an admission ratio over 100 per 1,000 and a death ratio over 40 per mille : in the 42nd Field Battery, though the admission was still higher, the death-rate was low. The 3rd Hussars had the highest cavalry admission ratio ; and in the infantry the highest ratios were those of the 1st Royal Fusiliers, the 1st Northamptonshire Regiment, the 2nd Gordon Highlanders, and the 2nd Welsh Regiment. Particulars as to stations occupied, drafts received, etc., regarding these and other regiments may be found in the table ; and the remarks of medical officers quoted in paragraphs 13 and 14 may also be referred to.

Enteric fever and age. Enteric fever and length of residence in India.

20. The relation of mortality from enteric fever to age and length of residence in India may be studied in Table XVI. The general results confirm those of former years ; the relative liability to death from enteric fever was greatest in the age period 20-25 and in the first year of residence. The construction of the table was explained in Section II of the report for 1896, paragraphs 22 and 37 ; and examples of how it should be read have been given in subsequent reports, including that for 1898.

Table XV gives some information regarding the relation of *admission* from enteric fever to age and length of residence in India. The result is the same as that just given for mortality. The lower part of the table, marked " B," shows that the greater has become the supply of susceptible material, the more enteric fever has prevailed.

Enteric fever and season.

21. The monthly incidence of enteric fever may be studied in Table VIII. In the period 1889-98 as a whole the chief enteric months were April, May and August; and the months of least prevalence were January and February :—

YEARS.*	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	Ratio per 1,000.
1889-98 . . .	754	641	1,034	1,982	2,243	1,615	1,716	1,986	1,684	1,060	1,037	1,224	16,976	24·6
1898 . . .	201	165	164	332	400	219	197	238	163	124	171	124	2,498	36·9
1899 . . .	111	44	84	246	229	123	96	138	111	59	71	80	1,392	20·6

* The warning given at the end of the table of contents of the Annual Returns as to the months not being calendar months, applies here also, except as regards the months of 1899.

In 1899 the greatest prevalence of enteric fever was in April, May and August; of simple continued fever in May, July and August; of remittent fever in May and August. Of the larger groups, Gangetic Plain had maxima in January, April, August and December; Upper Sub-Himalaya in January, April and December; Indus Valley in May and December; Central India in January, April August and December; the Deccan in January, June and August; and the Hill Stations in April and September. There seems to be here some indication of a general seasonal influence.

Plague.

22. In the European army of India there occurred 7 cases of plague with 2 deaths, against 9 and 2 in the previous year :—

	Admissions.	Deaths.
Poona	2	1
Kirkee	2	...
Ahmednagar	2	...
Deolali	1	1
	7	2

Besides these, 2 officers, 3 women and 4 children were attacked; one of the officers and the women and 2 children at Kirkee, the other officer at Poona, and the other children at Belgam and Deolali. In no case was the exact mode of acquisition traced, though, of course, the disease was present among the native population. It is not mentioned whether any of the patients had been on plague duty.

Scarlatina. (16)
Rubella.

23. Scarlatina gave 83 cases with 6 deaths, against 12 cases without death. Quetta had 25 cases with 1 death and Kasauli 19 cases with 1 death. Of the remaining 17 stations affected, one had 9 cases, one 6, one 3, six 2, eight 1; and there was also 1 case among troops on the march. No station had more than 1 death. The Kasauli medical officer says that the disease was imported from Umballa, and in the Umballa report it is stated that all the cases there occurred in a draft

from a hired transport in which cases had occurred. Eight other medical officers derive the disease from a transport with more or less certainty ; and perhaps it was one and the same transport, the "Simla," which originated all or nearly all the Indian cases of 1899. At Poona the source of the disease could not be discovered, but the regiment which occupied the barracks in the preceding year had had cases. At Mooltan the first man attacked was a recruit from Dublin ; and the first at Quetta was a boy who had been over a month in the country, the medical officer, however, suspecting the transport to have been the original source of the infection. The scarlatina of 1899 seems, therefore, to have been, at least for the most part, due to the importation of infection, and not to infection arising indigenously. The conclusion to be derived from a discussion in the medical papers on the subject of scarlatina in India is said to be that though it is certainly met with, especially in the hill stations, it shows very little tendency to spread, and quickly dies out, and that it sometimes attacks a few natives in a mild form. One writer asserts that scarlatina is epidemic only in countries where cow's milk (raw ?) is used : not in Japan or China, "where there are no cows," nor in India where mothers suckle long. But the explanation is not complete as regards Europeans in India. The microbiology of the disease is again under discussion. Twenty-one cases, against 7, of rubella were registered, 9 at Mandalay, and the remainder at four other stations and on the line of march. Three of these stations returned also cases of scarlatina. There were no deaths from rubella. Some progress has been made in England in the differential diagnosis of rubella from the diseases which it most resembles, one class of cases being split off from rubella, and placed between it and scarlatina, and in Germany the necessity of distinguishing between true rubella and *erythema infectiosum* has been insisted upon.

Tubercle of the lungs. (17)

24. The admission rate from tubercle of the lungs rose from 3·0 to 3·1, while the death-rate fell from 0·58 to 0·56. Tables I and II show that in 1899 the Bombay Command and the Burma Coast and Western Coast groups had the highest admission ratios. The annual reports for the stations where tubercle occurred in greatest proportion throw no light on the subject. The 16 cases returned as non-tubercular phthisis should probably be added to tubercle of the lungs. The identification of the tubercle bacillus is no longer so simple a matter as it once appeared, owing to the discovery of other acid-fast bacilli. Klein also has shown that young tubercle bacilli are sometimes not acid-fast. At the same time, by an improved technique, the tubercle bacillus can now be recovered from the fæces.

Respiratory diseases.

25. Respiratory disease as a whole was much the same as in the preceding year :—

PERIOD.	RESPIRATORY DISEASES.		PNEUMONIA.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1889-98	33	·80	4	·63
1898	29	·77	3	·61
1899	29	·75	5	·66

Of the commands, the Punjab had, as usual, the highest death-rate. As to groups, the greatest prevalence, excluding the convalescent depôts, was, as usual, in the Indus Valley. Mild bronchitis was the principal non-pneumonic affection.

Both the admission and the death-rate from pneumonia rose. Most of the cases occurred, as usual, in the north-west and in the cold weather. The five men who died at Peshawar were all more or less debilitated by previous attacks of ague, and in each case the fatal illness developed after the man's participation in the fatigues of route-marching. The medical officer suspects dust as being concerned in the causation.

Dysentery and diarrhœa. (18)

26. The admission and death-rates from dysentery and from diarrhœa fell very considerably below the ratios of the previous year and those of the decennium :—

Period.	Dysentery.		Diarrhœa.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1889-98	30	·88	27	·07
1898	30	·78	27	·04
1899	25	·65	18	...

Dysentery was most prevalent, as usual, in the Bengal Command and in the Bengal-Orissa group. The same group and command had the highest percentage of dysentery in total cases, as may be seen in Tables I and II. It is usual for Bengal-Orissa to have a high dysentery ratio. The distribution of the disease throughout the months of the year may be studied in Table XIII. The maximum month was August, and the maximum quarter July-September: the minimum month, February, and the minimum quarter, January-March. It may be seen in Table III that Barrackpore, Poonamallee, Dum-Dum, Solon, Aden and Jubbulpore had very high ratios, especially the first three. The medical officer at Barrackpore is inclined to think that insufficient drainage is the cause of the prevalence of dysentery at that station, and that an extension of the present system would diminish it. He also notes that in spite of precautions taken for disinfecting the stools, two men admitted for other diseases apparently contracted dysentery in hospital. At Dum-Dum most cases were admitted when the weather was exceedingly hot and damp. At Aden the cause was supposed to be chills contracted at the change of seasons.

In the Philippines the American Commission (Flexner, etc.) isolated a bacillus belonging to the enteric group, and considered to be probably identical with that discovered in Japan by Shiga. This bacillus reacted with the serum of dysentery patients, but not with enteric serum. The question of the causative relation of the *amœba coli* to certain forms of dysentery, those which from the beginning are subacute or chronic, is still undecided; but there is no doubt that there are plenty of non-amœbic cases, and Flexner's bacillus was found in acute cases or in cases which were originally acute.

There are no remarks of importance regarding diarrhœa in the reports of the stations in which it was most prevalent.

27. The admission-rate from hepatitis and the death-rate from abscess of the liver fell :—

Hepatitis. (19)

PERIOD.	HEPATITIS.*		ABSCESS OF THE LIVER.	
	Admissions per 1,000.	Deaths per 1,000.	Admissions per 1,000.	Deaths per 1,000.
1889-98	20	1·26	2	1·19
1898	21	1·59	2	1·52
1899	19	1·26	2	1·26

* Including abscess of the liver.

The Madras Command had the highest death-rate from abscess of the liver, and Southern India and Burma Coast the highest admission-rates from congestion and inflammation. Bengal-Orissa, Southern India and Gangetic Plain had high, and Indus Valley and Western Coast low, ratios from both dysentery and abscess of the liver.

As due to abscess of the liver, were returned 85 deaths. In 76 of these the *post-mortem* examination was sufficiently complete. But abscess was present also in 11 cases returned as dysentery; in 5 cases returned as enteric fever; in 2 cases returned as chloroform poisoning; and in one case each returned respectively as pyonephrosis, as remittent fever, as simple continued fever, as clots in the heart, as cancer of the cæcum and pancreas, as chronic inflammation of the liver and dysentery, as acute inflammation of the intestines, as congestion of the liver and thrombus of the heart, and as appendicitis. Excluding a case of enteric fever in which no *post-mortem* examination was made, and a case of congestion of the liver in which the examination was incomplete, there remains a total of 101 deaths. In 46, or 46 per cent., of the 101 bodies there was found actual ulceration of the large intestine and sometimes also of the small; and in 55, or 54 per cent., there was no actual ulceration. In these 55 there were intestinal scars in 13, or 24 per cent., while in the case of 8, or 15 per cent., though noticeable intestinal lesions were absent, there had been symptoms of dysentery during the last illness of the patient, or not long before; and, finally, in 34, or 61 per cent., there was no trace, actual or historical, of any intestinal lesion.

Among the 46 associated with ulceration, there was a single abscess in 8, or 17 per cent., while there were multiple abscesses in 38, or 83 per cent. On the other hand, where the suppurative hepatitis was unassociated with ulceration, there were 27 cases, or 49 per cent., in which the abscess was single, and 28, or 51 per cent., in which the abscesses were multiple.

Again, out of the total 101, 35, or 35 per cent., had a single abscess; 66, or 65 per cent., multiple abscesses. Of the cases of single abscess, 8, or 23 per cent., were associated with ulceration; 27, or 77 per cent., not so associated. In contrast to this, among the cases of multiple abscesses 38, or 58 per cent., were associated, 28, or 42 per cent., unassociated with intestinal ulceration.

In paragraph 13 have already been given details of the cases in which in 1899 abscess of the liver complicated, or followed upon, enteric fever. The sequent cases being left out, there would be one occurrence of abscess of the liver in about 331 cases of enteric fever. In the two sequent cases in which there was ulceration, this was present in the large as well as in the small intestine. In the four cases occurring in the course of enteric fever, which were examined *post-mortem*, the large intestine was ulcerated in three, and in the fourth was acutely inflamed below, while the Peyer's patches in the small intestine were breaking down.

While dysentery appears not to be a disease of constant causation, but a diseased condition resulting from the action now of one agent now of another, hepatic abscess seems to have a yet wider causation. Abscess of the liver may be the result of any ulcerative lesion of the intestinal tract, dysenteric, enteric, appendicitic, tubercular, syphilitic, or of any other nature. It may too, of course, occur in pyæmia starting from any part of the body. But cases have also been recorded which seem to show that it may be produced by agents that have entered through the intestinal wall without leaving any gross lesions to mark the point of entry; just as is supposed by some to occur in the case of enteric fever without intestinal lesions. Then, again, there are the cases, not uncommon, wherein history, symptoms and anatomical signs, of intestinal ulceration are all absent, and the disease is put down to chill, injury, etc. Cases have been reported in which the contents of the abscess were apparently sterile; but doubt has been thrown upon the negative value of these cases by the discovery that while the contents of an abscess may be sterile, the morbific agents may be present in abundance in the walls of the abscess. Detailed examination of cases by competent workers is the only way to arrive at the truth with regard to the presence or absence of microbes. If ultimately it be found that micro-organisms are always present, and that they are mostly of well-known alvine habitat (*bacillus coli, amœba coli,* etc.), then it will appear probable that all cases *returned* as abscess of the liver are of intestinal origin.

Among the authorities quoted, Bassett-Smith has recorded a case of amœbic abscess, and given a short account of the three main theories as to the part played by the amœba in the causation of the disease. The pus from another case was sent to the Jenner Institute, and was found to be quite free from bacteria; but the prediction was given that it was probably a case of tropical abscess, and that amœba coli would be found in the discharge in a day or two; and this was verified three days later when the abscess wall began to break down.

Yarr states that he has been informed by local practitioners at Bloemfontein, South Africa, that abscess of the liver as a sequel of dysentery originating there *de novo* is unknown; but Richards and Washbourn have reported a case from the Imperial Yeomanry Hospital.

Table IV records 85 deaths in 172 cases treated, 19 remaining from the preceding year and 153 admitted; a case mortality of 49 per cent., against 56 per cent. in 1898. The same table shows that the average number constantly sick from hepatic abscess among 67,697 men constantly present was about 21, and the average duration of a case something over 50 days.

The following table shows that the mortality from abscess of the liver in 1899 was 32 times greater among European than among native soldiers, while it had been 25 times greater in 1898 and 21½ times greater in 1897:—

Cause of death.	Died per 1,000 of average strength.		Relative liability in percentages.			Percentage in deaths from all causes.	
	European troops.	Native troops.	European troops.	Native troops.	Total 100.	European troops.	Native troops.
Abscess of liver . .	1·26	·04	97	3	100	9·8	·4

On the other hand, the admission ratio from dysentery among European soldiers was to the ratio of the native soldiers as 1 : 1·5, the relation being the same as in the three years preceding.

For further details regarding the disease Tables III, IV, XVI and XVII may be consulted.

28. Details regarding venereal disease will be found in Tables III and IV.

Venereal diseases.

The admission-rate for India was 313·4, against 362·9 in the previous year, and 485·7 in 1897. In other words, in 1899, for every 1,000 men there were nearly 50 fewer admissions to hospital for venereal disease than in 1898.

From the reports of medical officers it appears that this decrease was partly unreal, and due to the treatment of venereal cases as out-patients; and partly real, and due to the measures adopted under the Cantonment Act, to the more prolonged treatment of cases, and to other causes, known or unknown.

All the commands shared in the decrease, but it was greatest in Bombay and Bengal.

In 1899 there were 1,851·31 (against 2,201·81) men constantly sick in hospital from venereal disease—equivalent to about two regiments. The out-patient system reduces the number of men constantly sick in hospital. Excluding from the calculation men at Lundi Kotal, for whom the necessary data are not available, the average stay of a case of venereal disease in hospital was 31·89 days (against 33·31); and the total loss of service was about 675,728 days (against 803,661).

There were 14 deaths (0·21 per mille of strength), and 442 invalidings (6·53 per mille) directly due to venereal disease—against 17, or 0·25 per mille of strength, and 569, or 8·40 per mille.

The only station ratio over 700 per 1,000 of strength was that of Saugor. The greatest increases of ratio (increases of more than 100 per mille) were at Ramandrug (strength only 16), Solon, Deolali, Fort Dufferin, Dinapore and Shahjahanpur.

In 26 stations (against 39) the admission-rate from secondary syphilis was over 100 per 1,000 of strength; the highest ratios, excluding stations of very low strength, being those of Deolali, Poonamallee and Chaubuttia; and in 18 other stations (against 47) it was over 75 per 1,000.

For India the ratio of primary syphilis *plus* soft chancre diminished by 24·5 per mille of strength, the ratio of secondary syphilis by 15·2 per mille, and the ratio of gonorrhœa by 9·8 per mille; the percentages of possible reduction being respectively 16·9, 17·5 and 7·5. In 1899 the Madras Command had the highest ratio for primary syphilis *plus* soft chancre, and, as usual, for secondary syphilis; the Bengal Command the highest ratio for gonorrhœa. To show how individual opinion influences statistics, and to justify to some extent the lumping together of primary syphilis and soft chancre in this paragraph, it may be stated that the medical officer at Belgam favours placing all primary venereal sores under soft chancre to begin with, while the medical officer of Meiktila would put them all provisionally under primary syphilis.

For increase of venereal disease causes assigned were re-admissions, garrison being at full strength, greater care in detection, influx of diseased women from another station, influx of diseased men from another station. Some of the explanations of decrease of venereal disease given were,—stricter action under the Cantonment Act, the out-patient system, the more continuous and thorough treatment of patients (reducing re-admissions), the effect of cantonment hospitals, constant examinations and surprise inspections of the men; efforts of officers by means of warnings, lectures, etc.; improved discipline, moral tone and sobriety; diminution in the number of prostitutes, departure of diseased women, measures adopted to keep women away, encouragement of games and athletics, not allowing men to go to the bazaar, unless properly dressed (the trouble deters them); placing bazaars, brothels and liquor shops out of bounds; the emptying out of the bazaar in plague time; men being below par, and not inclined for venery; departure of women for the hills in summer, presence of an energetic cantonment magistrate, the provision of lotions and towels for the men in bazaars and barracks, hospital stoppages.

Many medical officers mentioned the difficulty they had with regard to the buboes they returned as non-venereal. Some believed or suspected most of them to be of venereal origin, though proof was wanting. Other possible causes mentioned were injuries and strains from athletics or duty, climate, tattooing, genital or intestinal irritation, past concealed and privately treated gonorrhœa, etc. At Fyzabad courts of inquiry decided on injuries as the probable cause.

The proceedings of the International Venereal Congress at Brussels in the early part of September appear to have been barren of any result likely to be of practical service to the Government of India in its efforts to contend against the spread of venereal disease in the Indian army.

Table XV-B shows how the arrival year by year, especially since 1878, of fresh batches of young unmarried men under the short service system has been accompanied by much venereal disease.

In paragraph 33 is noticed the subject of invaliding for venereal disease in relation to age and length of service.

The following table shows the admission-rate for venereal disease as far back as the records for India as a whole permit. The heading "primary syphilis" includes the soft sore throughout:—

YEAR.	Primary syphilis.	Secondary syphilis.	TOTAL VENEREAL DISEASES.	YEAR.	Primary syphilis.	Secondary syphilis.	TOTAL VENEREAL DISEASES.
1872 . .	61·2	22·4	179·0	1886 . .	157·9	33·3	389·5
1873 . .	53·4	20·4	166·7	1887 . .	142·1	29·4	361·2
1874 . .	68·3	25·2	192·7	1888 . .	142·1	32·4	370·6
1875 . .	67·1	25·1	205·1	1889 . .	225·1	51·2	481·5
1876 . .	59·8	23·9	189·9	1890 . .	220·7	66·3	503·5
1877 . .	65·2	22·1	208·5	1891 . .	159·2	60·0	400·7
1878 . .	95·3	22·0	271·3	1892 . .	161·1	57·8	409·9
1879 . .	79·2	24·5	234·8	1893 . .	213·6	61·6	466·0
1880 . .	87·9	23·1	249·7	1894 . .	248·1	74·6	511·4
1881 . .	92·0	23·1	260·5	1895 . .	239·0	84·9	522·3
1882 . .	87·6	23·2	265·2	1896 . .	226·4	97·7	511·6
1883 . .	87·2	23·5	270·3	1897 . .	201·7	101·9	485·7
1884 . .	90·2	24·4	293·9	1898 . .	145·0	87·1	362·9
1885 . .	122·1	28·7	342·7	1899 . .	120·5	71·9	313·4

The decrease in the total ratio continued, and the ratio of 1899 was the lowest since 1884. The secondary syphilis ratio also fell again.

Alcoholism.

29. Information with regard to the deaths from alcoholism in relation to age and service in India will be found in Table XVI; and the numbers admitted and constantly sick in Table LIII. There were 9 deaths in 1899, giving a ratio of 0 13, both figures

being the same as in 1898. The yearly average number of deaths in the decennium 1889-98 was 8 (0·11 per mille of strength); so that the figures of 1899 were a little above the average.

Heatstroke. (20)

30. The heatstroke death-rate for India was greatly reduced, and all the commands, but especially the Punjab, shared in this reduction. Heatstroke was most prevalent at Attock, Nowshera, Kamptee and Meean Meer. No remarks of importance are made by the medical officers concerned.

The various theories as to the causation of heatstroke have been described as the caloric, the chemical (ultra-violet rays), the autotoxic, and the microbial. These are, however, not all mutually exclusive; for it is conceivable that more than one of them might work together as factors in the causation. Statistical evidence, so far as it goes, is favourable to thermic influence of some kind. As Freeland says—" until more tangible evidence is brought forward to prove that the affection is due to microbic influence, one may safely accept the older doctrine with regard to the causation as a sound working hypothesis, if nothing else."

Suicide.

31. In Table XVI will be found information with regard to suicide in relation to age and to Indian service. In the ten years 1889-98 there were 192 suicides, or about 19 per annum. There were 23 in 1899, of which 14 were by gunshot, 5 by cut-throat, 1 by hanging, 1 by drowning, and 2 from injuries incurred by leaping into a well.

Invaliding.

32. In the whole army of India 2,142 men were invalided, or 31·64 per mille of strength, against 2,580 and 38·09 in the preceding year, the decrease being greatly due to the smaller number of men invalided for ague. The ratio for the decennium 1889-98 was 27·50. The proportion of invalids to strength was lowest in the Punjab Command, and highest, as before, in the Madras Command—see Table LIII. Thirty-one per cent. of the total number invalided were sent home as unfit for further service. The case of each soldier sent home is, however, reconsidered in England by a medical board; so that the Indian figures do not show the real final disposal of invalids. The diseases causing invaliding are shown in Table LIII.

	1895.	1896.	1897.	1898.	1899.
India .	33	39	34	28	31

Invaliding according to age and Indian service.

33. In Table XVII are to be found the statistics concerning the influence of age and length of Indian service upon invaliding. The percentage of men who were invalided while under 25 years of age to the whole number invalided was (*f*) 59, against 62 in 1898. Of the total number of men invalided, 38 per cent. were (*l*) of less than two years' service, and 81 per cent. were of less than five years' service. The number of men in the army at those periods of age and service may be obtained from Table XV, and should be considered along with the statistical facts just given. The construction of Table XVII was sufficiently explained in paragraph 37 of the report for 1896; and examples of the way in which it should be read have been given in subsequent reports, including that for 1898.

Invaliding from venereal disease was most frequent between the ages of 20 and 30, and especially between 20 and 25; and, although it was most frequent in the second year of service, the frequency up to 5 years' service was all but uniform.

Officers.

34. The vital statistics of officers will be found in Table XVIII. "B" shows the deaths of *all* officers. The death-rate for the British army was 8·81, and that for the Indian army 7·36, both, especially the former, much lower than in the preceding year. The number of deaths from enteric fever was less than in 1898 among both classes of officers. Enteric fever caused, as usual, more deaths, among the British than among the Indian officers. Possible reasons for this difference were mentioned in last report. "A", "C", "D" and "E" show the statistics of such British officers present with their regiments in India as were treated by medical officers in charge of station hospitals. The constantly sick, admission and death-rates were lower than for men, but the invaliding-rate higher. The admission-rates from ague, tubercle of the lungs, and venereal diseases were lower than among the men; but the death-rates from enteric fever and hepatic abscess were higher. The chief causes of admission among officers were ague and simple continued fever; and, while the admission-rates from enteric fever and ague were lessened, the admission-rates from influenza, respiratory diseases and hepatic abscess were raised. Enteric fever was the chief cause of death, but the ratio was lower than in the previous year.

There were no cases of cholera. The greatest numbers of cases of enteric fever at individual stations were 4 each at Lucknow, Mhow and Poona. No special explanations are given as to the occurrence of the disease among officers; but paragraph 13 may be referred to. The medical officer at Quetta states that two of the young officers who had been once inoculated contracted the disease, both having been unduly exposed to the sun's rays and to great fatigue; but the attack was mild in both cases, and evidently modified by the inoculation. The following note from Solon illustrates the need for caution in the use of serum diagnosis:—

> An officer had two admissions from remittent fever, having previously suffered severely from malaria. Two days after his second admission I sent a specimen of his blood to Mr. Hankin, who replied that it reacted strongly to the Widal test. In the meantime the patient's temperature had dropped to normal; so, at Mr. Hankin's request, I forwarded a second specimen. This did not react. Mr. Hankin explained that the hot weather had injured the serum, and that the second result was the correct one.

Women.

35. The health of the women was considerably better in 1899 than in 1898 and in the table all the ratios of 1899 are lower than those of the decennium:—

PERIOD.	Average annual strength.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
1889-98	31,595	807·7	34·5	16·46
1898	3,118	772·9	37·9	16·04
1899	3,093	670·2	33·1	14·55

The chief causes of admission were debility, ague, and the diseases peculiar to women. Among the diseases which caused increased admission were small-pox, pneumonia, dysentery, puerperal affections, and the other diseases peculiar to women; while from enteric fever, simple continued fever, malarial fevers, influenza, and debility admission was lessened. Debility caused about 38 per cent. of the total sickness, and ague 17 per cent.

The chief causes of death were enteric fever and puerperal affections. Among the diseases which gave increased mortality were malarial fevers, respiratory diseases, and bowel-complaints; but mortality from enteric fever, small-pox, tubercle of the lungs, and puerperal affections was diminished. Enteric fever caused nearly 16 per cent. of the total deaths, and puerperal diseases over 13 per cent.

As to both ratios and actuals the commands may be compared with each other by the use of Table XIX.

There were no cases of cholera; and Table XXI shows that Lucknow was the only station where more than two cases of enteric fever occurred. No special explanation of the origin of cases among women is given by medical officers; but their remarks quoted in paragraph 13 may be consulted.

Children.

36. That the health of the children was somewhat better than in 1898, and that only the constantly sick ratio of 1899 was greater than the corresponding ratio of the decennium, may be seen from the following table :—

Period.	Average annual strength.	Admission-rate per 1,000.	Constantly sick-rate per 1,000.	Death-rate per 1,000.
1889-98	57,768	575·2	24·4	45·58
1898	5,592	606·6	28·8	41·13
1899	5,500	527·1	27·2	41·09

The chief causes of admission were ague, respiratory diseases and measles. Among the diseases with raised admission-rates were small-pox, measles, influenza and tubercle; while admission from cholera, whooping cough, enteric fever, malarial fevers, simple continued fever, respiratory diseases, bowel-complaints, and affections of the eye was lessened. Ague caused 17 per cent. of the total sickness, respiratory diseases nearly 13 per cent., and measles over 11 per cent.

The chief causes of death were respiratory diseases, diarrhœa, debility (including immaturity at birth), teething and convulsions. Among the diseases from which there was increased mortality were respiratory diseases, debility, teething, ague and diphtheria. Mortality from remittent fever, simple continued fever, bowel-complaints, tubercular diseases, convulsions and enteric fever was lowered. Respiratory diseases caused 16 per cent. of the total deaths, diarrhœa 13 per cent., debility 12 per cent., teething 10 per cent., and convulsions 9 per cent.

There was no cholera. Campbellpur, Nasirabad and Kirkee were, Table XXIV shows, the only stations which registered more than two cases of enteric fever—three each. At one station the dirtiness of a kitchen was suspected to have been a factor in causation; but for other stations no special remarks are made, and the quotations given in paragraph 13 may be referred to. The tuberculous organs in the 17 cases of tubercular disease are specified in Table LIII: nine of the cases were abdominal. Thirteen cases of scarlatina were reported: 4 at Quetta, 2 at Kasauli, 2 at Bangalore, and 1 at each of ten other stations. All that is known as to the origin of the disease has been mentioned in paragraph 23. Rawalpindi, Kamptee, Mhow and Ranikhet had the largest numbers of cases of measles. At Ranikhet the disease is stated to have been imported from Bareilly, at Jhansi and Mooltan to have been contracted from the children of the railway employés, and at Cherat and Kamptee to have been derived from natives.

Table XXV shows that the liability to death was greatest under six months of age, the height of the percentage being, as usual, to a considerable degree due to cases of immaturity at birth The liability gradually decreased up to 15 years of age.

Papers and Books referred to in Section II.

Abbreviations used below.

L. = Lancet.
B. M. A. = British Medical Association.
B. M. J. = British Medical Journal.
J. T. M = Journal of Tropical Medicine.
E. M. J. = Edinburgh Medical Journal.
J. P. B. = Journal of Pathology and Bacteriology.
T. J. I. = Transactions of the Jenner Institute of Preventive Medicine.
M. C. = Medical Chronicle.
M. R. = The Medical Review.
N. = Nature.
I. M. G. = Indian Medical Gazette.
I. L. = Indian Lancet.
B. J. = Boston Medical and Surgical Journal.
J. E. M. = Journal of Experimental Medicine.
J. H. H. B. = Johns Hopkins Hospital Bulletin.
A. J. M. S. = American Journal of the Medical Sciences.
M. O. L. G. B. = Report of Medical Officer, Local Government Board.
A. M. D. = Army Medical Department Report.
V. J. = Virchow's Jahresbericht.
Z. H. = Zeitschrift für Hygiene.
Z. F. H. = Zeitschrift für Heilkunde.
Z. K. M. = Zeitschrift für Klinische Medicin.
A. H. = Archiv. für Hygiene.
C. B. = Centralblatt für Bakteriologie.
H. R. = Hygienische Rundschau.
F. M. = Fortschritte der Medicin.
D. M. W. = Deutsche Medicinische Wochenschrift.
B. K. W. = Berliner Klinische Wochenschrift.
W. K. R. = Wiener Klinische Rundschau.
W. M. W. = Wiener Medicinische Wochenschrift.
W. K. W. = Wiener Klinische Wochenschrift.
M. M. W. = Münchener Medicinische Wochenschrift.
C. K. M. = Centralblatt für Klinische Medicin.
C. I. M. = Centralblatt für Innere Medicin.
A. P. = Annales de l'Institut Pasteur.
R. S. M. = Revue des Sciences Médicales.
S. M. = La Semaine Médicale.
M. M. = La Médicine Moderne.
G. H. = Gazette Hebdomadaire.
R. M. = La Riforma Medica.

(1) Coles in B. M. J. of 4th November 1899, page 1284; Cantani in R. M. of 7th, 8th and 9th April 1900, quoted in B. M. J. of 5th May 1900, epitome-page 72.

Slawyk in Z. H. XXXII, page 443, quoted in F. M. 18, page 176; Austin in J. H. H. B., 1899, X, page 194, quoted in I. L. of 1st February 1900, page 113, and in B. M. J. of 13th January 1900, epitome-page 8.

(2) I. M. G. of June 1900, page 226; I. M. G. of July 1900, page 271; Lamb in I. M. G. of September 1900, page 337.

(3) The Goulstonian Lectures by P. Horton-Smith in L. of 24th March, 31st March, and 14th April 1900, pages 821, 910 and 1050.

(4) Horton-Smith, as above, page 918.

(5) Remy in A. P. XIV, page 555; also quoted in B. M. J. of 3rd November 1900, epitome-page 72.

(6) Eug. Fraenkel in Z. H. XXXIV, page 482.

(7) L. of 21st July 1900, page 199; Barr in L. of 29th September 1900, page 919; Horton-Smith, as quoted above under (3), page 826; Chiene, quoted in L. of 27th October 1900, page 1194.

(8) Janssen in Weekblad No. 6, 1899, quoted in V. J. XXXIV-2 1, page 8; B. M. J. of 9th June 1900, page 1427; Hilbert in C. B. XXVII, page 526; Hankin in letters of 16th May and 10th July 1900, addressed to the Secretary to the Surgeon-General and Sanitary Commissioner with the Government of India *; C. Fränkel in H. R., X, page 117; Genersich in C. B. XXVII, page 241, quoted in H. R., X, page 985; J. Lunt in T. J. I., Second Series, page 219 Levy and Bruns in A. H. XXXVI, page 178, quoted in C. B. XXVII, page 296, and in H. R., X, page 210; Weissenfels in Z. H. XXXV, page 78; Pakes in B. M. J. of 27th January 1900, page 187; Klein and Houston in M. O. L. G. B., quoted in B. M. J. of 19th May 1900, page 1235; Hewlett in T. J. I., Second Series, page 70, quoted in B. M. J. of 21st October 1899, page 1126, and in N. 61, page 388; Causse, quoted in L. of 14th April 1900, page 1098; Vincent, quoted in B. M. J. of 8th September 1900, epitome-page 38; Lunt in T. J. I., First Series, quoted in I. M. G. of November 1899, page 422; Weyl in C. B. XXVI, page 15, quoted in H. R. IX, page 1286; Weyl in Journ. f. Gasbel. u. Wasservers. 1899, pages 809 and 826, quoted in H. R. X., page 586; A. Calmette in A. P. XIII, page 344, quoted in C. B. XXVIII, page 90, and in H. R., X, page 292; Plagge and Schumburg in C. B. XXVIII, page 265; Pfuhl in Z. H. XXXIII, page 53; Delorme, quoted in L. of 30th June 1900, page 1913; Vincent, as above; Discussion in Paris reported in L. of 15th September 1900, page 844, and in B. M. J. of 20th October 1900, page 1197.

(9) Hesse in Z. H. XXXIV, page 346; Macfadyen and Hewlett in T. J. I., First Series, quoted in I. M. G. of November 1899, page 422; Bucco in R. M. of 3rd-6th October 1899, quoted in B. M. J. of 28th October 1899, epitome-page 72.

(10) Vaughan, quoted in I. M. G. of September 1900, page 361; Chiene, quoted in L. of 27th October 1900, page 1228.

(11) Burney Yeo in B. M. J. of 4th November 1899, page 1250; Rho in J. T. M. of July and August 1900, pages 289 and 1; Priestley quoting Osler in L. of 30th December 1899, page 1849; Osler, in New York Medical Journal, quoted in I. L. of 16th February 1900, page 148; Osler, quoted in I. M. G. of February 1900, page 71; Kerr in J. of Am. Med. Assoc. of 2nd December 1899, quoted in I. M. G. of January 1900, page 40; Yarr in B. M. J. of 8th September 1900, page 672; McNaught in B. M. J. of 10th November 1900, page 1376.

(12) Washbourn in B. M. J. of 16th June 1900, page 1455; Sir William Stokes in B. M. J. of 1st September 1900, page 599; Richards and Washbourn in B. M. J. of 8th September 1900, page 671; Watkins-Pitchford in B. M. J. of 10th November 1900, page 1370.

(13) Remlinger in Revue de Méd., 1899, No. 1, quoted in V. J. XXXIV, 2-1, pages 6 and 11.

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* Also, since then, in C. B. XXVIII, page 502.

(14) Vaughan in Phil. Med. J., quoted in B. M. J. of 4th August 1900, epitome-page 17; B. M. J. of 9th June 1900, page 1427; Engel, Inaugural Dissertation, Strassburg, 1899, quoted in H. R., X, page 596.

(15) Horton-Smith, as quoted above under (3), page 910; Ord in L. of 13th October 1900, page 1097; Cruise in L. of 3rd November 1900, page 1305.

(16) Scarlatina:—L. of 18th November 1899, page 1385; B. M. J. of 6th January 1900, page 44; B. M. J. of 10th February 1900, page 335; Hall in Medical Record of 11th November 1899, No. 1514, quoted in C. B. XXVII, page 399, and in V. J. XXXIV, 2-1, page 21; I. M. G. of May 1900, page 187; Class in L. of 29th September 1900, page 927, and a leader on the same in L. of 6th October, page 1021. *Rubella:*—Clement Dukes in L. of 14th July 1900, page 89, and leader on the same on page 114; Broadbent, etc., in L. of 28th July 1900, page 289; L. of 18th August 1900, page 481; Schmid in W. K. W., No. 47 of 1899, quoted in V. J. XXXIV, 2-1, page 25; Millard in L. of 3rd November 1900, page 1304.

(17) Mayer in C. B. XXVI, page 321; Korn in C. B. XXVII, page 481; Klein in C. B. XXVIII, page 111; Strasburger in M. M. W., 1900, No. 16, quoted in F. M. 18, page 598; B. M. J. of 13th January 1900, epitome-page 8; Pakes in B. M. J. of 27th January 1900, page 186; Rosenblatt in C. I. M., quoted in I. L. of 1st February 1900, page 114; Hesse in Z. H. XXXI, page 502, quoted in C. B. XXVII, page 119; C. Fränkel in H. R., X, page 617; Ficker in C. B. XXVII, page 596; Hesse in C. B. XXVIII, page 255; Jochmann in H. R., X, page 969.

(18) Flexner's American Commission, quoted in B. M. J. of 11th November 1899, page 1383, and in B. M. J. of 30th December 1899, page 1807, and in B. M. J. of 7th July 1900, page 20, and in L. of 7th July 1900, page 22, and in B. M. J. of June 1900, page 1373, and in I. M. G. of May 1900, page 226, and in B. M. J. of 11th August 1900, page 352, and in J. T. M. of August 1900, pages 25 and 26; full report by Flexner in B. M. J. of 29th September 1900, page 917.

(19) McNaught in L. of 24th February 1900, page 534; Dieulafoy in S. M. No. 9 of 1899, quoted in M. R. II, page 19, and in I. L. of 1st February 1900, page 110, and by Burney Yeo in B. M. J. of 4th November 1899, page 1250; Rolleston, in Clinical Society's Transactions XXXI, quoted in M. R. II, page 27; Jackson in The St. Paul Med. J. of June 1899, quoted in F. M. 17, page 822; Marshall in B. M. J. of 10th June 1899, quoted in V. J. XXXIV, 2-1, page 245; Marchoux in Gaz. Hebd. de Méd. et de Chir. of 16th November 1899, quoted in I. M. G. of May 1900, page 195; Flexner, etc., quoted in I. M. G. of June 1900, page 226; Stengel in Trans. of Path. Soc. of Philad. XVIII, October 1895-June 1897, quoted in F. M. 17, page 866; Sambon in J. T. M. of November 1899, page 102; Cantlie in J. T. M. of February 1900, page 190; Moncorvo in Prog. Méd. of 23rd September 1899, quoted in B. M. J. of 16th June 1900, epitome-page 95; Bassett-Smith in B. M. J. of 1st September 1900, page 552; T. J. I., Second Series, page 239; Buxton in L. of 15th April 1900, page 1046; Yarr in J. T. M. of June 1900, page 272; Richards and Washbourn in B. M. J. of 8th September 1900, page 671.

(20) B. M. J. of 15th September 1900, page 765; Report of the Sanitary Commissioner with the Government of India, 1897, page 60, paragraph 33; Buchanan in L. of 15th September 1900, page 803; Moussoir in Arch. de Méd. Nav. of January 1900, quoted in L. of 31st March 1900, page 952; Van Gieson quoted in L. of 28th July 1900, page 267; Freeland in Middlesex Hosp. J., quoted in N. 62, page 396.

SECTION III.

NATIVE ARMY OF INDIA.

India.

37. The health of the native troops was better than in the preceding year. The meteorological characters of the twelve-month are summed up on pages 7 and 8 of Section I.

Year.	Average strength.	RATIO PER 1,000.							
		Admissions into hospital.	Constantly sick.	Deaths from					Mortality including absent deaths.
				Cholera.	Remittent fever.	Pneumonia.	Dysentery.	All causes.	
1889—98	128,106	917	33	1·00	1·31	3·19	·68	12·70	17·40
1898	126,036	816	33	·33	1·08	3·77	·49	11·07	13·33
1899	128,529	705	28	·53	1·17	3·86	·37	10·70	14·50

The chief cause of admission was ague. Among the diseases with raised admission rates were influenza, cholera, and small-pox. Among those with lessened rates were enteric fever, malarial fevers, simple continued fever, tubercle of the lungs, respiratory diseases, bowel complaints, scurvy, and venereal diseases. Ague caused 37 per cent. of the total admissions.

The chief causes of death were pneumonia and remittent fever. Among the diseases which caused increased mortality were small-pox, cholera, malarial and simple continued fevers, circulatory diseases, tubercle of the lungs, respiratory diseases, and debility. Among those from which mortality was lessened were enteric fever, bowel complaints, and hepatic abscess. Pneumonia caused 36 per cent. of the total deaths, and remittent fever 11 per cent.

The total number invalided for discharge (Table XXXIX) was 1,618, and the chief causes of invaliding were debility, rheumatism, and venereal diseases.

If Table XXVI be compared with Table I, it will be seen that the native soldier suffered less from enteric fever, simple continued fever, diarrhœa, hepatitic affections, and venereal diseases; and more from influenza, cholera, small-pox, ague, remittent fever, tubercle of the lungs, respiratory diseases, especially pneumonia and dysentery, than his European comrade. He also suffered more from scurvy. These relations are usual, except with regard to tubercle of the lungs. The comparison may be carried into further detail with the aid of Table LIII. See also Section IV, paragraph 91.

Commands.

38. Of the commands the Punjab (Table XXVI) was the most unhealthy, but it was more healthy than in the previous year. The highest ratios of mortality from cholera, ague, and dysentery were in Bengal; the highest from remittent fever, tubercle of the lungs, and pneumonia in the Punjab; the highest from small-pox, enteric fever, and respiratory diseases other than pneumonia in Bombay; and the highest from debility in Madras.

Field Forces.

39. The small Mishmi Field Force was the only body of men on active service in 1899. Its statistics will be found in Tables XXVIII and XXIX, and LIII.

Geographical Groups.

40. The table which follows shows that for the decennium the highest constantly sick ratios were those of Assam, Burma Inland, and then those of Bengal-Orissa and the Hills; and the lowest those of Western Coast, Central India, Deccan, and Southern India. The highest mortalities for the decennium from cholera and from respiratory diseases were respectively in Assam and in the Indus Valley.

		RATIO PER 1,000 OF STRENGTH.												
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
		Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and North-Western Rajputana.	South-Eastern Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	INDIA.
1889—98	Constantly sick-rate	38·7	53·1	59·8	45·4	28·4	30·9	38·6	27·4	27·7	26·6	27·8	42·2	33·1
	Death-rates from—													
	Cholera . .	·05	1·03	2·77	·38	·92	·59	·50	·66	·85	·06	1·59	1·06	1·00
	Respiratory diseases	1·30	2·08	2·59	1·31	1·88	4·70	9·30	2·80	1·99	1·00	1·72	5·23	3·90
1898 .	Constantly sick-rate	25·9	35·7	40·3	39·9	33·5	32·4	39·0	26·3	27·1	36·3	33·4	44·5	32·9
	Death-rates from—													
	Cholera . .	...	...	8·40	·34	·18	·22	...	...	...	...	1·77	·11	·33
	Respiratory diseases	·72	·92	3·23	1·37	1·78	5·06	9·62	2·83	2·01	1 44	2·15	5·65	4·13
1899 .	Constantly sick-rate	36·2	38·2	42·7	42·2	26·3	24·4	31·5	22·1	22·3	30·0	32·7	38·9	27·7
	Death-rates from—													
	Cholera . .	...	...	...	...	...	1·09	...	...	·10	...	·99	·05	·53
	Respiratory diseases	...	·94	...	1·74	2·60	3·54	8·97	2·80	3·14	3·02	1·86	7·42	4·23

In Table XXVII it may be seen that Burma Coast had the highest admission ratios from simple continued fever and venereal diseases, and the lowest from respiratory disease other than pneumonia; Burma Inland the lowest from pneumonia; Assam the highest from influenza, respiratory diseases other than pneumonia, dysentery, congestion of the liver, and scurvy; Bengal-Orissa the highest from ague; Upper Sub-Himalaya the highest from cholera; Indus Valley the highest from small-pox, remittent fever, and pneumonia; Western Coast the highest from diarrhœa, and the lowest from ague: Southern India the highest from abscess of the liver and the lowest from dysentery; and the Hill Stations the highest from tubercle of the lungs. The highest constantly sick rate was in Assam, the highest admission rate in Bengal-Orissa, and the highest death-rate in the Hill Stations.

Stations.

41. Of the large stations throughout India with a strength of not less than 1,000, the following returned the highest death-rates :—

STATIONS.	Average annual strength for 1899.	RATIO PER 1,000 OF STRENGTH.		CHIEF CAUSES OF MORTALITY PER 1,000 IN 1899.								Total number of deaths in 1899.
		1899.	1898.	Cholera.	Ague.	Remittent fever.	Dysentery.	Diarrhœa.	Pneumonia.	Tubercle of the lungs.	Anæmia and debility.	
Edwardesabad	1605	28·04	40·61	...	·62	4·36	...	...	13·08	1·25	...	45
Belgam	1313	22·85	15·24	...	...	·76	...	...	2·28	·76	·76	30
Peshawar	2857	18·55	16·19	...	...	2·80	...	...	13·65	·35	...	53
Mardan	1063	17·87	10·96	...	...	1·88	·94	...	13·17	...	...	19
Dera Ismail Khan	1453	17·21	16·27	...	...	2·75	...	...	10·32	...	·69	25

All appear in Table XXX. Edwardesabad was in the list also in 1898, but its statistics have improved since then. The principal cause of death at all those stations was pneumonia. The mortality ratios of all stations will be found in Table XXVIII.

Regiments.

42. Some explanation with regard to the most unhealthy regiments may be obtained by the combined use of Tables XXXIX and XXX. The most unhealthy corps were the 4th Field Battery, Hyderabad Contingent, the 42nd Gurkha Rifles, the 5th Bengal Infantry, the 5th Bombay Cavalry, the 5th Punjab Infantry, and the 17th Bombay Infantry. The diseases causing the excessive sickness are mentioned in Table XXXIX, and some further particulars are given below.

Principal diseases.

43. Attention having been directed to the health statistics of India, of the commands, of the geographical groups, of stations, and of regiments, it will be convenient now to consider some of the chief diseases. All the diseases which occurred are enumerated in Table LIII.

Influenza.

44. Influenza increased considerably, this being the first year to break the regular alternation shown in the table. The geographical groups affected both in 1898 and in 1899 were II, V, VI, VII, VIII, IX and XII; III and X were newly affected in 1899; I, IV, and XI were attacked in 1898, but not in 1899. In proportion to strength the Assam group was most severely affected, and next to it the Hill Stations and the Indus Valley. The relations of the disease to stations and months may be studied in detail in Table XXXI; but the following shows its monthly progress since its beginning in 1890. The maximum month varied from year to year; but over the period as a whole most cases occurred in April and March, and fewest in October and September:—

YEARS.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.												TOTAL.	Admitted per 1,000 of strength.	Died per 1,000 of strength.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			
1890	1	8	2,460	5,118	492	82	55	...	...	...	1	...	8,217	64·3	·41
1891	...	...	1	...	105	259	123	106	51	22	17	215	899	7·0	·09
1892	681	371	511	149	40	5	5	7	...	1	7	18	1,795	14·1	·15
1893	8	28	65	99	95	13	9	7	...	3	53	404	784	6·2	·20
1894	159	203	232	384	143	11	5	...	1	1	5	11	1,155	9·0	·16
1895	26	28	53	76	110	25	60	57	19	17	31	408	910	7·0	·08
1896	372	196	397	35	22	11	33	57	53	39	82	72	1,369	10·7	·30
1897	97	61	100	117	84	79	22	...	42	67	23	3	695	5·4	·04
1898	110	290	280	96	180	24	1	...	1	10	32	23	1,047	8·3	·03
1899	7	145	149	65	655	210	256	61	6	5	18	9	1,586	12·3	·10
TOTAL	1,461	1,330	4,248	6,139	1,926	719	569	295	173	165	269	1,163	18,457	14·4	·16

The greatest numbers of cases occurred in the Khyber Force, and at Peshawar, Wana, and Bakloh. In the Khyber and at Wana the disease was confined to two adjoining months of the year, at Peshawar to three; but at Bakloh it spread over four. In the Khyber Force the disease was mild, and had some resemblance to dengue. The following table shows that in 1899 the native troops had, as usual, a higher ratio than the European troops, but a lower ratio than the prisoners :—

Years.	PER 1,000 OF AVERAGE STRENGTH.											
	Influenza.						Pneumonia.					
	European troops.		Native troops.		Prisoners.		European troops.		Native troops.		Prisoners.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
1890 . . .	33·4	·03	64·3	·41	78·6	·67	4·6	·90	16·7	3·96	18·5	5·71
1891 . . .	5·5	·04	7·0	·09	19·0	·29	2·6	·54	11·6	2·53	17·0	4·87
1892 . . .	12·7	·01	14·1	·15	56·7	1·26	3·5	·62	13·6	3·26	18·4	5·56
1893 . . .	·3	...	6·2	·20	6·4	·09	3·4	·70	12·3	2·75	15·9	3·95
1894 . . .	3·4	·01	9·0	·16	41·0	·43	3·7	·75	12·9	2·87	15·4	4·31
1895 . . .	7·8	·03	7·0	·08	20·3	·15	4·4	·51	17·5	4·20	16·4	4·00
1896 . . .	11·5	·11	10·7	·30	37·6	·60	5·2	·64	15·3	3·14	19·1	4·34
1897 . . .	4·0	·01	5·4	·04	8·4	·21	3·4	·60	13·0	2·73	15·6	4·24
1898 . . .	8·3	·01	8·3	·03	21·0	·33	3·3	·61	16·5	3·77	15·8	3·94
1899 . . .	10·0	·01	12·3	·10	14·7	·18	5·1	·66	16·6	3·86	14·4	3·34

It shows also the relations of the pneumonia death, rate year by year to the admission rate from influenza, though, of course, the presence or absence of influenza is not the only circumstance which influences the pneumonia death rate.

The cases are mostly described as having been of a mild type, but 13 deaths were returned as against 4 in the preceding year. There were, however, not more than 3 deaths at any one station. The 37th Dogras, the 5th Punjab Infantry, and the 2nd Battalion of the 4th Gurkha Rifles were the regiments which suffered most.

Cholera.

45. There were 126 cases of cholera, with 68 deaths (Table XXIX), against 48 with 42 in the preceding year. The admission rate was 1·0, against 0·3, and the death rate 0·53 against 0·33. The only months (Table XXXII) quite free from the disease were May and December; but the maximum quarter was August-October, and the maximum month August. The 42nd Gurkha Rifles, and the 17th Bengal Cavalry suffered the most severely, and after them the 40th Pathans and the 4th Madras Infantry. The second and third of these were quartered at Meean Meer, and it is said that the infantry was probably infected by the cavalry through the medium of water. With the Gurkhas the disease broke out on board a steamer on the voyage from Gauhati. The disease was prevalent at Trichinopoly at the time the 4th Madras Infantry became affected. The circumstances attending the chief outbreaks, so far as they are of etiological importance, will be discussed in Section VI.

Small-pox. Tables XXIX and XXXIX.

46. There were 46 cases of small-pox with 2 deaths, against 26 with 1 in the preceding year. The admission rate was 0·4 per mille against 0·2, and the death rate 0·02 against 0·01. In the Frontier and Indus Valley group the cases (23) bore the highest

proportion to strength. Peshawar had 15 cases, and 10 of them occurred in the 37th Dogras. The medical officer of the regiment says :—

> The disease has been prevalent in all parts of Peshawar during the last six months of the year. In no case did two cases occur in the same company except after a long interval, and in no case could any connexion be traced between any case and any other case which had occurred previously in the regiment. The source of infection appeared to be always outside the regiment. The one exception was a man who was badly marked with small-pox, and was selected to act as sick attendant in the small-pox hospital. He contracted the disease a second time. One hundred and sixteen men were vaccinated during the year, but in almost all cases they had good marks of previous vaccination. Very few recruits have no marks of either small-pox or vaccination on enlistment.

Ague, Remittent Fever, Simple Continued Fever.

47. To ague was due nearly 37 per cent. of the sickness of the native army. To the fact that the year over a great part of India was a dry one, is probably due the reduction of the admission ratio from 335 to 260. In Table XXVII it may be seen that Bengal-Orissa was by far the most malarious group, and in that part of India the monsoon rainfall was in excess. The most malarious month was, according to Table XXXV, October, and the least malarious April. The 12th and 4th Bengal Infantry were quartered at Calcutta in the Bengal-Orissa group, and it is stated that some of the villages in that part of the country were being deserted on account of malaria. The 1st Bengal Infantry, which next to the 12th suffered most, was in the Mauritius, where the *anopheles* was found. With regard to the 5th Punjab Infantry and the 11th Bengal Infantry, Table XXX, under Wana and Miranshah, may be consulted. The medical officer of the 33rd Madras Infantry complains that the military station (Keng Tung) is in an unhealthy situation.

Remittent fever caused 11 per cent. of the total deaths, and prevailed most in August and least in February. The admission rate fell from 20 to 17 per mille, but the death rate rose from 1·08 to 1·17. The 36th Sikhs, the 27th Punjab Infantry, and the 1st Punjab Infantry had the greatest numbers of cases.

The prophylactic issue of quinine appears to be a measure frequently employed, but in 1899, as in former years, opinions as to the results varied. It is important to begin the issue early enough.

The proportion of cases returned as simple continued fever is much lower in the native army than in the European; perhaps because the native soldier is not liable to enteric fever, even in a mild form, because he is not so easily affected by the heat, because his ingestion-habits are more regular, and because the tendency in the native army is to call mild fevers ague. The highest numbers of cases were returned by the 28th Madras Infantry and the 16th Bengal Infantry. The admission ratio fell in 1899. Table XXXIV gives the seasonal distribution.

Enteric fever.(1)

48. The ratio of admission from enteric fever in the native army in 1899 was 0·1 per mille of strength, and the death rate 0·02, against 0·3 and 0·13 in the previous year. The corresponding ratios for the 22-year period 1877—98 are 0·2 and 0·09. The following table shows that the ratios for European troops are very unlike those for native troops and prisoners :—

	1877—87.		1888—98.		1877—98.		1899.	
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.
European troops .	9·3	3·21	23·6	6·29	17·0	4·88	20·6	5·14
Native troops . .	·2	·11	·2	·08	·2	·09	·1	·02
Jail population . .	·2	·10	·3	·11	·2	·10	·2	·11

Again the death ratio for ague, remittent fever, simple continued fever, and enteric fever, combined, for European troops was 5·59, for native troops only 1·91, or as 3·1; which shows that the paucity of enteric fever in the returns of the native army is not due to its being registered under some other fever-heading. In other words, it is quite certain that in 1899, as in former years, native soldiers and prisoners were much less liable to enteric fever than European soldiers.

The Principal of the Lahore Medical College is quoted as having reported that out of 1,200 native fever patients admitted to the Mayo Hospital in six years, only 11 could be diagnosed as enteric fever. Four died in hospital, and in two the diagnosis was confirmed at the autopsy. Three of the eleven were aged respectively 7, 11, and 11 years. One of the most beautiful and characteristic specimens of typhoid lesions which he ever saw, came, however, from one of these Lahore cases. He considers that the occurrence of the disease has some connexion with the dietary of the patients. Of the Lahore cases, two were in native Christians, one in a man employed in a railway refreshment room, one in a native schoolmaster of semi-European habits, and another in a cook from Srinagar. All these were meat eaters, and none of them strictly bound by caste rules. Nevertheless, he had known the disease to occur in a Brahmin. He inclines to the belief that as a native of India assimilates his diet to that of Europeans, he becomes more liable to the disease.

This question of diet in relation to enteric fever is not new, and has been touched upon in some former reports, among them that for 1895, page 62.

In the whole native army of India only 18 cases, with 3 deaths, were returned as enteric fever (Table XXIX), as against 40 cases with 17 deaths in 1898. The seasonal distribution may be seen in Table XXXIII. Only three stations had so many as 3 cases,—Dehra Dun, Edwardesabad, and Kila Drosh. The 1st Battalion, 2nd Gurkha Rifles, and the 1st Punjab Infantry returned 3 cases each, the 2nd Sikhs 2 cases, and 7 other regiments 1 case each. It may be worth mentioning that year by year one medical officer's diagnosis contributes a considerable proportion of the cases registered in the native army. It is mentioned that one of the cases in the 2nd Sikhs gives the Widal reaction up to a dilution of 1 in 200. The case in the 13th Bengal Lancers was in the person of a recruit who had only arrived from his village ten days before he was admitted to hospital. The disease of the fatal case at Quetta was supposed to have been contracted on the march between Loralai and Quetta. The cause of the case at Datta Khel "was probably infection of the soil derived from previous cases, which were very numerous at the end of 1897." There is no record of such cases in the tables of the Sanitary Commissioner with the Government of India. A *post-mortem* examination was obtained in one of the three fatal cases, that which occurred in the 26th Bombay Infantry at Quetta. The spleen was congested. About one foot from the caecum there was marked injection of Peyer's patches, with slight ulceration here and there. Three feet from the caecum there was a scar of a former ulcer about ¼ of an inch in diameter. It seemed to be not of recent date, though in its centre there was injection.

The following table compares the ratios from enteric fever of the Gurkha regiments with those of the commands to which they belonged:—

Year.	Admissions.		Deaths.	
	Bengal and Punjab Commands.	Gurkha Regiments.	Bengal and Punjab Commands.	Gurkha Regiments.
1899	·2	·4	·01	...

The difference in admission was less than in 1898, and it is quite unusual for the Gurkha to be lower than the command death-rate.

Plague.

49. In 1899 there were 76 cases of plague with 45 deaths, against 94 with 58 in 1898, and 131 with 82 in 1897. The following table shows the stations and regiments affected :—

Stations and regiments.		Admissions.	Deaths.
Kurrachee .	1st Bombay Infantry .	1	...
Baroda .	8th Bombay Infantry.	1	1
Ahmednagar	8th Bombay Infantry .	6	4
Satara .	Depôt, 3rd Bombay Infantry.	...	1
Poona .	1st Bombay Lancers .	8	4
	3rd Bombay Infantry .	5	4
	14th " " .	4	2
	16th " " .	2	...
Kirkee .	Bombay Sappers and Miners.	1	1
	28th Bombay Infantry	2	2
Bombay .	1st Bombay Infantry .	1	...
	21st " " .	2	1
Marching Bombay.	Governor's Body-Guard.	1	1
	5th Bombay Infantry .	...	1*
	10th " " .	...	1*
	25th " " .	...	1*
Belgam .	15th Madras Infantry.	1	1
	21st " " .	22	14
	26th " " .	13	6
Bangalore .	1st Madras Infantry .	1	...
Marching Madras.	Left Wing, 26th Madras Infantry.	1	...
Aurangabad	1st Infantry, Hyderabad Contingent.	1	...
INDIA . .		73	45†

* Out of hospital.
† Seven in plague hospital.

The plague among native soldiers was at its worst in May and September, and 65 cases with 39 deaths occurred in the Deccan group. The incidence of the plague of 1899 upon the civil population is discussed in Section VI, together with more general questions concerning the disease. As usual, the chief point brought out in the extracts from the reports of regimental medical officers, is the benefit derived from quitting the infected lines and living in the open.

21st Madras Pioneers, Belgam.—The first outbreak occurred on 22nd April 1899 in two houses which were infected in the epidemic of 1898, and the infection was probably from the houses. Two sick attendants on these cases were also attacked; but, as these men were taken from the same or adjoining houses, they were probably infected at the same time as the first two cases. All precautions were taken in the way of disinfection and segregation, and no further case occurred till 9th May 1899, when one occurred in a block adjacent to the first block, but separated by a wide road. There was no history of previous infection of this block, and infection was probably introduced from the *sadar* bazaar, where numerous cases were occurring daily. The disease now assumed an epidemic form. I joined the regiment on 11th May 1899, and commenced inoculating at once with Haffkine's fluid or prophylactic. Disinfection and segregation were carried out. The bazaars were placed out of bounds, and the regiment was moved into camp—one wing at a time, as tents were not available for the whole regiment. When a wing was moved out, the houses of that wing were scraped, unroofed, and disinfected with 1 : 1,000 perchloride. By these means the disease was stamped out by the 2nd June amongst the men,—the last case occurring on that date. The disease, however, continued to rage with considerable virulence in the city and the cantonments during the months of June, July, August, and September. But the immunity of the men of the regiment throughout the period I attribute largely to inoculation, as, though sentries were placed to keep the bazaars out of bounds, it is improbable that a large body of men would remain imprisoned in the lines during several months; and, moreover, the women and children, who, owing to their having received a disproportionately small dose of Haffkinine, were not so efficiently protected as the men, continued to suffer for some time after the epidemic had ceased amongst the men. No bad effects were noticed from inoculation. The epidemic occurred just at the commencement of the rains, and thus made it much more difficult to segregate contacts, etc., as, for natives of the plains the climate of Belgam in the rains is cold and inclement; and, besides, the families strongly objected to going out into tents. The death rate among the families during the 5th, 6th, 7th and 8th months of the year was high and was probably indirectly attributable to this cause.

26th Madras Infantry, Vizianagram.—Plague was prevalent in the regiment during the months of April, May, June, October, and November. There were 31 attacks with 13 deaths; of these, 15 cases with 6 deaths occurred amongst men; 10 cases with 4 deaths amongst women; and 6 cases with 3 deaths amongst children. 75 per cent. of the population of the lines were inoculated three times: amongst these there were 4 attacks and 1 death, instead of the average 23 attacks and 10 deaths. 5 per cent. of the population of the lines were not inoculated (these were chiefly women advanced in pregnancy and children under 3 months, who are not much exposed to infection). Amongst the uninoculated there were 6 attacks and 3 deaths, instead of the average 2 attacks and 1 death.

The measures adopted to prevent the spread of the disease were as follows:—

Those who were attacked were isolated in plague hospital or tents, and had their clothes, excreta, etc., disinfected; the people living in infected huts as well as in the adjoining huts on each side and behind, were segregated in tents for 10 days; all these huts were disinfected with acidulated perchloride of mercury solution; the floors and walls were scraped and the scrapings burnt; the tiles were removed from the roofs, and the walls were lime-washed before re-occupation; and all articles in the infected huts were disinfected previous to evacuation.

1st Bombay Lancers, Poona.—In June an increase of plague attacks in the city and the occurrence of occasional cases in the cantonment showed that the time was approaching for the disease to become epidemic. Orders were issued and preparations made for its attack on the people, as it was known that nothing could ward it off except flight to another district. On June 20th, I received a report that dead rats had been found the day before in the regimental accountant's house and in a grain-merchant's house,—both situated in the line bazaar. By noon on June 21st, the line bazaar was evacuated, the majority of its people being put into tents about 80 yards away, the rest flying into detached houses in the fields and to a neighbouring village. On June 22nd, the first case (The first case of 1897 occurred on the 25th June) occurred in the person of a *sowar* of "D" Squadron, who was particularly intimate with one who lived in the house of the above-mentioned grain-seller. The squadron at once went under canvas close to its lines. On June 23rd another man of the same squadron was attacked, and by the 24th the whole lines were empty, the men and followers being camped round about and close to the lines. Thorough disinfection by digging up floors, burning grass, using mercuric lotion, and white-washing, was begun at once. On June 25th, inoculation with Haffkine's fluid was commenced and by the 29th nearly 1,500 people had been operated on,—women in the 8th month of pregnancy and in the 1st month of lying in, sucklings, and some unwilling private followers being omitted. All men returning from leave, and public followers entertained after this, were inoculated before entering the lines. Two private followers who took service in August, and an old *ayah*, refused inoculation. All three sickened and died at once when the disease ran through the officers' compounds in the first week of August. No more cases occurred in the regiment till July 29th, when a man of "B" Squadron was attacked. On July 30th, a British officer, whose *syce* had plague, was taken ill; and between August 5th and 8th a child, a woman, and a man (no relations)—all of "A" Squadron—were admitted. This squadron was sent a mile away, and remained free from the disease till August 26th, when a man, whose wife had just died of plague in a neighbouring field, was taken ill. On August 29th, another man of "A" Squadron was admitted and the squadron was moved to the race-course. "A" Squadron is composed of Mahrattas; and as these persons were surrounded by people of their own caste, it is a matter for congratulation that more were not attacked. This squadron was the only one that had to be moved from the vicinity of the lines. As already stated, the people of the line bazaar went into tents on June 21st. On July 2nd, as they continued to send in cases, they were moved away 300 yards, and remained free from plague till August 5th, when the disease spread through the officers' compounds, in the end of which the line bazaar tents were pitched. One *bania* was then attacked, and the tents were moved to near the hospital 400 yards off. This closed the epidemic for the line bazaar people. The public followers moved into tents close to their own lines on June 24th. On July 10th, 11th, and 12th, five men were admitted, and the tents were moved further away. On July 16th and 17th, two more men were admitted, so all their belongings were either boiled or burnt, and on the 18th the whole body moved to a field half-a-mile away. Owing to circumstances the boiling was very inadequately done, and it is probable that some of the kit was removed untouched. With the exception of a case in a male adult on July 29th, the incidence of the disease on these men ceased at once; but between July 18th and 21st, there were altogether eight attacks among women, children, and babies. This closed the epidemic for the public followers. It was now the turn of the followers, private and a few public, living in the officers' compounds, to be attacked: between July 23rd and August 14th nineteen cases were admitted. They moved into tents in their various compounds, and remained free from the disease afterwards. The officers' bungalows are in a row, 150 yards west of the lines of the men. Thus the epidemic was divided roughly into three chief periods: 1st—June 23rd to July 10th when the line bazaar people were attacked; 2nd—July 10th to July 29th when the public followers were attacked; 3rd—July 30th to August 14th when those in the officers' compounds suffered. The regiment itself had been attacked between June 22nd and August 29th,—1 British officer, 6 men (3 of them out of the Mahratta Squadron), 1 woman and 1 child (both of the Mahratta Squadron). Re-inoculation was commenced on August 8th and completed in a week. Of the doubly inoculated, two men and one private follower were admitted for plague—the follower being attacked two days after the operation. One of the men died. The men were attacked two weeks and three weeks after the re-inoculation. Four people were re-inoculated a very few days after recovery from an attack of plague; their local and general symptoms being as severe as after primary inoculation. Of the inoculated, four developed plague within six days of inoculation, and one two days after re-inoculation. All the other cases were attacked more than ten days after inoculation. It is impossible from this outbreak to decide on the prophylactic value of inoculation, as, while three squadrons (with families) were able to remain as at first placed in tents close to their houses, one squadron (with families), the public followers and the line bazaar people had to be moved twice or more. The great difference between the fighting men and the followers lay in the greater exposure to infection of the latter. They could, and did, easily evade orders about not going to the *sadar* bazaar; whereas a sepoy, besides being subject to discipline, can always be recognized as a sepoy, and his family habitually remains in the lines. The disease did not lessen in virulence during its progress, as it was as fatal at the end of the epidemic as at the beginning.

The lessons learnt are:—(1) The poison is in the houses, carried there by rats, goods, or people (healthy or affected) from other infected houses. Hence the floor is especially dangerous to bare-footed people and those sleeping on it. (2) A short move away from an infected house is sufficient for safety, if the house is made impossible to enter. Infective matter may be carried to the new dwelling, but does not grow there unless the place is insanitary. (3) Except, perhaps, in the hæmorrhagic form, the disease is not communicable from person to person, as small-pox and typhus are. Even infants sucking from a plague-stricken mother do not become infected, nor does a mother suckling an infected infant. A healthy person from an infected district can convey the virus to a distant healthy district or person, without showing signs of plague himself. Besides rats and squirrels, cats and dogs become affected with all the clinical signs of plague. Doubtless, the saliva and excretions of all these animals would be capable of inoculating a wound or infecting a house. (4) Inoculation nearly doubles the chance of life in an attacked person. To get absolute proof of its prophylactic powers would necessitate letting people remain in their infected houses, and inoculating half in each household at the commencement of an epidemic, without taking any other measures.

Bombay Sappers and Miners, Kirkee.—In June and July, when plague was prevalent in Poona, a guard was placed on each bridge and the men were forbidden to cross the river. All new arrivals were carefully segregated for ten days, and a strict nominal roll was kept of all people living in the cantonment north of the river. In spite of these precautions, a sepoy, whose people had plague in Poona, was himself attacked with the disease and died within three days. The regiment was sent into camp, and all who had come in contact with the man were segregated. This occurred in July, and although plague was prevalent in the cantonment for some months afterwards, no other case occurred in the regiment. The regiment remained in camp from July until November.

8th Bombay Infantry, Ahmednagar.—There were seven cases and five deaths among men, and six cases with five deaths among women, children, and followers. Four of the cases occurred in persons previously inoculated with Haffkine's serum. Of these, two commenced four days after inoculation, and both died. In the fourth case the patient had been twice inoculated, but more than a year previously. This case also proved fatal. On the appearance of the disease in the regiment, the lines were evacuated, and the men were placed under canvas on an adjoining *maidan*. A plague hospital was established and a quarantine camp for the reception of all new arrivals, where they were detained for ten days. All infected houses in the lines and those immediately adjoining them, were thoroughly disinfected. Inoculations with Haffkine's serum were also largely performed, no one being allowed to return to the regimental lines until 25 days after inoculation. Altogether 1,235 persons have been inoculated.

28th Bombay Pioneers, Kirkee.—A slight epidemic of plague occurred during the prevalence of plague in Poona and Kirkee in July. The cases chiefly occurred among the lower castes, such as the Parwaries and their families. Only two men, three women, and four children were attacked. When the first case occurred, all the lines were vacated and the men, etc., were put into camps. The cases were at once removed to the Kirkee plague hospital, and all contacts segregated. The lines were disinfected, the rooms lime-washed, and the tiles removed to allow the sun to permeate. All new-comers were put into quarantine for 10 days. The disease was soon stamped out as an epidemic; but, with plague raging all round, an odd case was inevitable. All the men of the regiment, the followers, some of the women, and many children were inoculated.

Scurvy.(2)

50. The ratio of scurvy admissions was 2·4, against 2·8 in 1898. There were in all 305 admissions, against 357 in the preceding year: 47 per cent. in the Bombay Command and 36 per cent. in the Punjab Command. Thirty per cent. occurred in the Hills and 13 per cent. in the Deccan. Again, 10 per cent. occurred at Chaman and 6 per cent. at Aden. The 30th Bombay Infantry returned 31 cases, but the medical officer does not give any explanation. The medical officer of the 10th Bombay Infantry, which returned 17 cases, reports that there was a marked scorbutic taint running through the regiment, 218 men having shown signs of sponginess of the gums during the year, and 108 being tainted at the time of writing. The issue of green vegetables and lime-juice daily is said to have given satisfactory results. The medical officers of the 3rd, 1st and 17th Bombay Infantry make no remarks. In the 2nd Lancers, Hyderabad Contingent, a committee of native officers was appointed to inquire into the diet of the men; and although the finding was not of any importance, it is believed that the fact of the inquiry being held caused more care to be taken.

Knowledge of the intimate pathalogy of scurvy is still in an unsettled condition, as may be seen on reference to the important papers recently published on the subject.

Tubercle of the lungs.

51. The admission rate from tubercle of the lungs fell from 3·5 to 3·3, but the death rate rose from 0·63 to 0·68. The Punjab Command had the highest ratio, that of Bengal, which for four years had been highest, taking the second place. The highest group ratios were those of the Hills, Assam, and Upper Sub-Himalayas; and this

s connected with the fact that the Gurkhas suffer more than other native soldiers from pulmonary tuberculosis :—

	Admission-rates.	Death-rates.
Bengal and Punjab Commands . .	4·3	·91
Gurkha Regiments	15·4	5·09

The six highest numbers of cases were all in Gurkha regiments. The following are extracts from the reports of some of the medical officers of those regiments :—

1st Battalion, 4th Gurkhas.—The hospital returns for the year show that the prevalence of tubercular diseases, especially of the lungs and cervical glands, is on the increase. There were at least 5 deaths from tubercle of the lungs, and if a *post-mortem* examination could have been made of many cases returned as "Remittent fever" and of the fatal case of dysentery, it is probable that the total number of deaths would be nearer 8......... The most overcrowded barracks usually furnish the greater number of tuberculous patients.........the effects of overcrowding becoming more noticeable in a year spent by the regiment entirely in cantonments.

2nd Battalion, 4th Gurkhas.—This rather high incidence of tubercle may be attributed to the special proclivity of Gurkhas to contract the disease, and to the fact that there have been rather a large number of cases of pneumonia, tubercle frequently supervening on a recent case of pneumonia.

2nd Battalion, 1st Gurkhas.—Gurkhas as a race are undoubtedly subject to the disease, which usually runs a chronic course.

Whether the Gurkhas are more prone than others to tubercle or not, it is quite certain that overcrowding and defective ventilation favour the occurrence of the disease. The Gurkhas are stationed in climates that produce temptation to exclude the cold fresh air from dwellings.

As non-tubercular phthisis were returned 17 admissions and 1 death. These figures are an improvement on those of 1898, and it is to be hoped that in future still fewer cases of phthisis will be returned as non-tubercular.

Respiratory diseases.

52. Morbidity from respiratory diseases was reduced, but mortality increased :—

Period.	RATIO PER MILLE OF STRENGTH.			
	Respiratory diseases.		Pneumonia.	
	Admissions.	Deaths.	Admissions.	Deaths.
1889—98	49	3·90	14	3·19
1898	45	4·13	16	3·77
1899	44	4·23	17	3·86

Respiratory diseases are the chief cause of death in the native army, and in 1899 nearly 40 per cent. of all deaths were due to them. For respiratory diseases other than pneumonia the highest admission ratios were those of Assam, Burma Inland, Indus Valley, and the Hills. Non-pneumonic respiratory diseases were most frequent in the 30th Bombay Infantry and in the Queen's Own Corps of Guides. The medical officer of the latter considers that a prominent factor in the causation of pneumonia, bronchitis, and other respiratory disease at Mardan is the amount of irrigation that goes on both within, and in the vicinity of, cantonments, by which the humidity of the air, contrasts of temperature between day and night, and liability to chills, are increased.

Pneumonia.(3)

53. The admission and death rates from pneumonia, as may be seen from the table given in the preceding paragraph, rose somewhat, and were above the decennial ratios. In the second table in paragraph 44 is displayed the relation from year to year between pneumonia and influenza. In 1899 pneumonia caused 36 per cent. of the total mortality.

In Table XXVII it may be seen that the admission and death ratios were highest, as usual, in the Indus Valley and the Hills. Both in the Indus Valley and in the Hills, as may be seen in Table XXXVII, pneumonia was most prevalent in the cold months; and the same was the case for India as a whole. The greatest numbers of cases were in the 12th Bombay Infantry and the Corps of Guides. The medical officer of the former merely states that "as usual pneumonia accounted for the majority of deaths", without any explanation as to why it should be so. The medical officer of the Corps of Guides has already been quoted in the preceding paragraph. Debility from residence in the Tochi Valley, exposure on fatigue duties, etc., are mentioned as factors in the case of the 8th Bengal Infantry; cold winds prevailing when the regiment reached Meerut as a factor in the case of the 13th Bengal Infantry; while the medical officer of the 27th Punjab Infantry records that a few cases were contracted in hospital, including two sick attendants. The medical officer of the 1st Battalion, 4th Gurkhas, says:—

> Practically all the cases occurred in the winter and early spring, almost in the form of an epidemic. The first cases admitted were from among a draft of recruits arriving from Nepal in December 1898. As pointed out in last year's report, these recruits were very insufficiently clad, and from exposure to chills on their journey to Bakloh during the coldest part of the year, they fell ready victims to infection. But the disease soon showed itself among other men in the regiment, many of them with over 6 years' service, and the hospital wards were soon crowded with pneumonia patients. As the infectious nature of the disease under favourable conditions is a fact beyond dispute, it is not surprising to find that the barracks with least cubic space furnished the greatest number of cases, and that the cramped space available in the hospital wards likewise favoured the spread of the disease to other patients undergoing treatment for other diseases at the time. It may be added that one of the ward servants employed in nursing the cases developed a severe form of pneumonia, ending in suppurative arthritis, and that one of the hospital assistants contracted pleurisy soon after......It is hoped that before long the hospital accommodation will be brought up to the authorized scale.

Captain Lalor, I.M.S., has published an interesting paper on the results of an investigation, including the bacteriology, of the causation of pneumonia in the Tochi Valley.

Dysentery. Diarrhœa.

54. The admission and death ratios from dysentery and from diarrhœa in 1899 were low:—

PERIOD.	RATIO PER MILLE OF STRENGTH.			
	DYSENTERY.		DIARRHŒA.	
	Admissions.	Deaths.	Admissions.	Deaths.
1889—98	50·9	·69	16·4	·37
1898	44·0	·49	9·4	·20
1899	38·0	·35	7·1	·12

The highest admission ratios for dysentery were in the Bombay Command and the Assam Group, as against the Punjab Command and the Assam Group in the two years preceding. The highest mortality was in the Bengal Command and the Bengal-Orissa Group. After Assam, dysentery was most prevalent in Burma Coast, Western Coast, and Bengal-Orissa; and it was least prevalent in Southern India. The disease was much more common in the second half of the year than in the first, the maximum month being August and the minimum February. The contrast of this distribution with that of pneumonia may be seen by comparing Tables XXXVII and XXXVIII. Dysentery was very prevalent in the Mauritius, at Bombay, Manipur, Shillong, Fort William, Rangoon, Bhamo, and Raipur, as well as at a number of the stations and outposts of the North-Western Frontier. In the 1st Bengal Infantry the disease is said to have been caused, partly by chills, and partly by bad water; though the water, which was brought in pipes from a river very liable to contamination, is said to have been boiled by the men. An element of scurvy aggravated the disease in the 42nd Gurkha Rifles; and the men of the 3rd Bengal Infantry thought their dysentery was due to the *atta* at Shillong not being up to the standard to which they had been accustomed at Allahabad. The medical officer of the 43rd Gurkha Rifles considers that in most cases the disease was due to errors of diet, and, probably in some to climatic causes, only one of the men attacked showing symptoms of scurvy.

The 2nd Bombay Infantry had by far the largest number of cases of diarrhœa, but the medical officer makes no remarks on the subject. Some of the cases in the 12th Madras Infantry were chronic, and followed attacks of malarial fever.

Hepatic abscess.

55. The subject of hepatic abscess in the native soldier has already been noticed in Section II, paragraph 27. Only 8 cases occurred, and not more than one in a regiment. The reports throw no new light on the etiology.

Venereal diseases.

56. Full details regarding venereal diseases in 1899 will be found in Tables XXVI—XXIX and in Table XXXIX. The following table is given to compare with the corresponding one in Section II, paragraph 29 :—

YEARS.	Primary Syphilis.	Secondary Syphilis.	TOTAL VENEREAL DISEASES.	YEARS.	Primary Syphilis.	Secondary Syphilis.	TOTAL VENEREAL DISEASES.
1877 . .	11·5	5·3	26·7	1889 . .	16·6	6·4	38·9
1878 . .	16·3	5·8	37·5	1890 . .	16·0	6·9	41·1
1879 . .	16·5	7·0	37·1	1891 . .	13·6	6·9	37·9
1880 . .	15·0	5·8	33·3	1892 . .	14·1	7·9	39·6
1881 . .	17·9	7·2	39·5	1893 . .	13·3	9·0	36·4
1882 . .	14·7	5·9	34·4	1894 . .	13·8	8·2	32·3
1883 . .	13·0	6·5	31·6	1895 . .	13·1	7·3	31·3
1884 . .	11·0	5·3	27·9	1896 . .	15·5	8·9	37·2
1885 . .	11·2	5·9	30·1	1897 . .	16·1	9·0	40·8
1886 . .	13·7	6·0	28·1	1898 . .	14·3	11·5	40·0
1887 . .	12·6	6·1	27·4	1899 . .	11·3	9·9	34·1
1888 . .	13·5	5·4	31·5				

The figures for India are not available for the years before 1877. Primary syphilis includes the local sore throughout. All the venereal ratios of native troops run at a much lower level than those of European troops, and they have remained comparatively steady during the years of which the statistics are given.

An examination of Tables I and XXVI will show that, leaving the Hyderabad Contingent out of account, the lowest ratios for both European and native troops were, as in 1898, those of the Punjab Command; while for both European and native troops the Madras Command had the highest ratio. In all the commands the ratios of native troops were much lower than those of European troops.

Whilst among the European troops an average strength of 67,697 gave 21,217 admissions, in the case of native troops an average strength of 128,529 gave only 4,378 admissions. In other words, there were only 34 admissions for every 1,000 men among native troops, against 313 for every 1,000 among European troops.

The admission rate was 5·9 per 1,000 of strength less than in 1898. There were 12 deaths and 133 invalidings *directly* due to venereal disease. The actuals and ratios of individual stations for total venereal disease and for each form of venereal disease will be found in Tables XXIX and XXVIII. In 20 stations out of 199 (against 36 out of 198) the admission rate from secondary syphilis was over 20 per 1,000 of strength and in 45 (against 44) it was over 10 per 1,000 of strength.

For India the ratio of primary syphilis *plus* soft chancre fell by 3·0 per 1,000 of strength, that of secondary syphilis by 1·6, and that of gonorrhœa by 1·3; the net result being a fall of 5·9 for all forms of venereal disease taken together, as noticed above. In 1899 the Madras Command had the highest ratio for each form of venereal disease.

The Gurkhas, as usual, suffered proportionately more than other native troops. Their postcoitional habits are said to be less cleanly.

YEAR.	ADMISSIONS.	
	Bengal, Punjab, and Madras Commands.	Gurkha Regiments.
1889—98	38·1	76·4
1898	39·7	92·7
1899	33·9	75·7

The venereal statistics of regiments will be found in Table XXXIX. The reports of medical officers throw little light on the subject. The 1st Battalion, 3rd Gurkhas, had been indulging themselves after return from field service; the 44th Gurkhas had been stationed at Manipur, where there was much venereal disease; the Madras Sappers and Miners suffered most in Burma, where venereal disease is also common; all the cases but one in the 29th Bombay Infantry were gonorrhœa.

The ratio among the troops in Mauritius was low, and that among men on field service still lower.

Beri-beri.(4)
Strongylus Duodenalis.

57. All the 202 cases of beri-beri occurred in Madras regiments, especially the 2nd and 7th Infantry. The medical officer of the latter submits a report, but admits that he has not been able to throw any new light upon the etiology of the disease. The men affected in the 11th Madras Infantry were chiefly natives of the endemic area. The increased prevalence of beri-beri in the 2nd Madras Infantry is

explained as due to the men having become saturated with the poison from further residence in Vizianagram. The disease prevails in the moist months of August and September, but a heavy fall of rain almost completely stops it. About a fourth of the men of the regiment have had their health undermined by their less than two years' stay in Vizianagram. There was little mortality, and most men were eventually able to return to duty; but some of the paralytic and other symptoms were decided.

The intimate cause of beri-beri has not yet been discovered, or at least no agreement has been reached on the point; and in the meantime it is not possible to feel sure how much of the beri-beri of the native army returns is really beri-beri and how much is malaria. So far as they have gone, the researches of Fearnside have had the effect of transferring cases from the head of beri-beri to that of malaria.

No cases of sickness or death caused by the *Strongylus duodenalis* (*Dochmius*, *Ancylostomum*) were reported.

Guinea-worm.

58. In the year under review the admission rate from guinea-worm rose from 5·0 to 5·4, and the number of cases from 632 to 698. The distribution of cases by stations, groups, and commands will be found in Table XXIX. By far the largest number of cases occurred in Group VIII, Central India; and, as usual, Group IX, the Deccan, came next. Of the total number of cases, between 6 and 7 per cent. declared themselves at Kherwara, between 5 and 6 per cent. at Bhuj and at Meerut, and between 3 and 4 per cent. at Silchar. The medical officer of the 10th Bengal Infantry states that, with three or four exceptions, all the patients were recruits. They brought the worm in their persons to Silchar from the Rohtak, Jhind, and Delhi districts; and it was extruded in the height of the rainy season. The men of the 6th Bengal Infantry are said to get the worm when at home on leave, by drinking from tanks. The disease is said to be rare at Sirdarpore, and the men of the Malwa Bhil Corps were, therefore, supposed to have contracted it while on outpost duty. The following are extracts from two other reports :—

Mewar Bhil Corps.—The same sepoy is often admitted two or three times for the same disease: he leaves hospital after perhaps two or three worms have been successfully extracted, and with no trace of any other, but returns again a week or fortnight later with another. The disease is more common, proportionately, among recruits than among sepoys of some years' service. Only the Bhils of the regiment are subject to it. A case among the Hindustanis of the regiment is exceedingly rare. I am of opinion that it is because the Bhils prefer using water from stagnant pools or holes scooped out of the river-bed, when at home on their three months' leave in the rainy season. I have found many specimens of *cyclops* in some pools in the neighbourhood, and have kept some guinea-worm embryoes and *cyclops* together for a couple of days in some muddy water; but I have not been able to find that the embryoes transfer themselves into the interior of the *cyclops*. I have made inquiries into the frequency with which buffaloes, cows, monkeys, goats, etc., are affected with guinea-worm; but I have not heard of a case in this locality, nor have I seen an animal suffering from guinea-worm about here, and yet they drink of muddy water such as the Bhils love. Possibly guinea-worm in some stage of its existence is taken into the stomach of man along with fish. There is a small kind of fish living in these muddy pools, which is largely eaten by the Bhils; and I think it possible that this is a source of the disease.

1st Bombay Infantry.—During two months *Dracunculus Medinensis* was prevalent. The 39 admissions were furnished by 29 men. The disease was exclusively confined to men of two companies that were on detachment duty at Bhuj over a year. The first case in this detachment was in a bhisti, after his return in April 1898 from furlough to his native country—the Konkan. The man stated that guinea-worm is endemic in his valley. In October 1898, six months after his return, guinea-worm appeared in his right leg near the ankle. He did not come to hospital, but went about his work. The embryo filariae that abound in the milky fluid that oozes out of the small hole in the centre of the ulcer made by the worm, evidently found an entrance into the wells, and, finding the particular species of fresh water *cyclops* which is a necessary factor in their life history, developed. The incubation period—the time between the entrance of the larval Dracunculus and the time at which the worm attains maturity—is variously estimated at from 9 to 12 months. A sudden increase in the number of cases of guinea-worm was noticed in the last week of September 1899, *i.e.*, about 11 or 12 months after the appearance of the first case. Another likely source was a pond containing dirty water of a greenish colour, in the vicinity of the lines, and used by men of the detachment for washing and bathing purposes. As all the sufferers without exception used the water of this pond for bathing purposes, it was, as a precautionary measure, put out of bounds for the regiment. Further, the wells in the regimental lines, the water of which is used for drinking, were thoroughly cleaned out; and two more wells were also cleaned out, and set apart for the men, for ablution purposes, and washing clothes, etc. Guinea-worm is not endemic at Bhuj.

Suicide.

59. During the ten years 1889—98 there were 181 cases of suicide, or an average of about 18 per annum. There were only 8 in 1899, of which 7 were by gunshot and 1 by hanging.

Papers and Books referred to in Section III.

For explanation of abbreviations see end of preceding section.

(1) Lt.-Col. S. H. Browne, Principal, Lahore Medical College, quoted in I. M. G. of December 1899, page 452; Sir William MacGregor, reported in B. M. J. of 6th October 1900, page 979; Adams, *The Western Rajputana States*, page 227; D. B. Spencer in I. M. G. of April 1900, page 122, and in I. M. G. of September 1900, page 349; Review of Report of Dutch Navy for 1897 in L. of 27th January 1900, page 255; MacDonald of Wuchow, in China Imperial Maritime Customs, II, Special Series, No. 2, Medical Reports for the half-year ended 30th September 1899; Damania in B. M. J. of 23rd June 1900, page 1576.

(2) Iskerski, in Botkin's Hosp. Gaz. 31—35 quoted in L. of 14th October 1899, page 1047; Jackson and Vaughan Harley quoted in B. M. J. of 14th April 1900, epitome-page 57, and in L. of 28th April 1900, page 1184, and in F. M. 18, page 507, and in J. T. M. of June 1900, page 288, and in I. M. G. of July 1900, page 261; Pritchard in L. of 19th May 1900, page 1466; Reilly in I. M. G. of July 1900, page 267; Home in L. of 4th August 1900, page 321; Wright in L. of 25th August 1900, page 565; a leader on the various theories in L. of 25th August 1900, page 589.

(3) Lalor in I. M. G. of April 1900, page 130, and of July 1900, page 251; Discussion reported in B. M. J. of 17th February 1900, page 387, and in L. of 17th February 1900, page 460; Barr in B. M. J. of 9th June 1900, page 1397, and in B. M. J. of 16th June 1900, page 1461; Schultz in Arch. de Sc. Biol. VIII, quoted in B. M. J. of 4th August 1900, epitome-page 20; Stühlern in C. B. XXVII, page 353; A Fränkel, in D. M. W. of 13th and 20th April 1899, pages 233 and 252, quoted in I. L. of 16th January 1900, and in M. R. II, page 347.

(4) I. M. G. of December 1899, page 459; Yamagiva in V. A. 156, page 451, quoted in F. M. 17, page 929; L. of 30th December 1899, page 1812; L. of 27th January 1900, page 278; Haynes in J. T. M. of 15th March 1900, page 196; I. L. of 1st August 1900, page 122; Barry in I. M. G. of September 1900, page 343; I. M. G. of September 1900, page 365.

SECTION IV.

JAILS OF INDIA.

India.

60. The health of the prisoners in the jails of India was better even than in the previous year, and showed a marked improvement over that of 1897 and of the quinquennium.

Year.	Average strength.	RATIO PER 1,000.									
		Admissions into hospital.	Constantly sick.	Deaths from—							
				Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Tubercle of the lungs.	Anæmia and Debility.	All causes.
1894-98* . .	127,569	886	36	1·47	·95	6·37	2·01	4·50	2·52	1·62	26·17
1898* . .	111,344	976	39	·13	·95	5·72	1·48	4·88	3·25	2·01	25·87
1899* . .	110,016	918	35	·56	·82	5·47	1·31	4·30	3·55	·95	23·87

The following provinces showed the lowest death-rates:—Berar and Secunderabad, Madras, the Punjab, Burma, the North-Western Provinces and Oudh, and Bengal. The provinces which were above the all-India average are the Central Provinces, Bombay, the Andamans, and Assam. The diseases which caused the greatest number of admissions to hospital were malarial fevers, dysentery, abscesses and boils, and diarrhœa; but those causing the greatest number of deaths were dysentery, tubercle of the lungs, diarrhœa, pneumonia, and other respiratory diseases. Dysentery caused nearly 23 per cent. of the total deaths, tubercle of the lungs nearly 15 per cent., and pneumonia 14 per cent.

Administrations.

61. The following table contrasts the health of the different jail administrations:—

	Year.	Average strength.	RATIO PER MILLE.*									
			Admissions.	Constantly sick.	Deaths from—							
					Cholera.	Remittent fever.	Dysentery.	Diarrhœa.	Respiratory diseases.	Tubercle of the lungs.	Anæmia and Debility.	All causes.
Andamans .	1894-98	10,536	1,507	50	...	3·44	7·63	2·52	2·54	3·76	2·47	27·85
	1898	10,890	1,405	48	...	2·57	9·18	1·50	2·20	5·69	·83	27·09
	1899	11,293	1,937	57	...	3·19	15·58	2·75	3·90	7·62	2·92	42·24
Burma .	1894-98	13,376	749	35	2·20	·69	4·31	1·17	2·66	3·51	·40	21·80
	1898	12,674	619	31	·47	·55	4·73	·71	3·47	4·18	·39	20·59
	1899	12,548	584	26	1·99	·08	4·62	·40	1·91	3·27	·56	18·73
Assam .	1894-98	1,249	1,142	57	2·08	1·60	12·49	7·85	4·00	1·44	5·44	52·68
	1898	1,276	1,018	55	1·57	3·13	8·62	4·70	3·13	...	6·27	37·62
	1899	1,323	962	48	13·61	4·54	6·05	4·54	6·04	1·51	1·51	55·18
Bengal .	1894-98	17,102	1,111	39	2·64	1·16	9·45	1·87	4·30	3·53	1·24	32·06
	1898	18,007	1,004	35	·17	·94	5·11	1·11	4·94	2·78	·67	22·77
	1899	18,118	1,004	35	·28	·66	6·18	·99	3·97	4·42	·77	23·79
N.-W. P. and Oudh.	1894-98	31,857	923	50	1·04	·51	7·01	2·50	6·35	2·44	3·20	30·86
	1898	31,535	930	47	·03	·35	6·28	1·74	5·71	3·08	4·82	29·14
	1899	29,303	792	38	·10	·41	5·36	1·43	5·40	2·90	·65	22·25
Punjab .	1894-98	11,991	1,422	35	...	·80	2·70	·97	6·30	2·15	·32	19·16
	1898	12,554	1,369	37	...	1·04	4·06	1·59	6·61	2·23	·24	23·50
	1899	13,512	1,097	33	...	·44	2·52	·96	5·99	2·96	·15	18·72
Bombay .	1894-98	7,558	864	31	2·17	1·93	3·15	3·28	9·13	2·51	1·22	31·44
	1898	8,461	760	29	...	2·25	1·54	2·01	5·67	1·77	1·54	22·46
	1899	8,981	614	28	·89	1·22	2·45	1·78	5·46	2·67	·89	24·72
Berar and Secunderabad.	1894-98	1,547	762	24	·39	·65	2·97	·91	7·24	1·29	3·10	25·60
	1898	1,612	581	17	...	·62	·62	...	4·34	1·24	3·10	14·89
	1899	1,426	445	13	...	·70	1·40	·70	2·10	1·40	2·10	13·32
Central Provinces.	1894-98	5,498	1,089	47	2·55	1·20	31·39	9·46	7·53	3·86	4·44	72·68
	1898	5,054	1,142	52	...	·59	11·67	3·36	4·16	3·56	3·17	34·63
	1899	4,148	850	28	·24	·48	4·10	1·69	3·37	2·17	1·69	24·59
Madras .	1894-98	8,457	743	29	5·46	·35	4·78	·28	3·38	3·19	·40	28·40
	1898	8,844	715	30	·23	...	5·88	...	4·52	4·18	·11	28·38
	1899	8,806	502	22	·23	...	1·59	...	1·82	2·50	·68	16·13

* Excluding Subsidiary Jails.

It will be seen that although taking India as a whole the prisoners were healthier than in the previous year, yet this result is due to the marked improvement in certain provinces only, *e.g.*, Madras, the Central Provinces, and the North-Western Provinces. On the other hand, there was a marked falling off in health in the Andamans and Assam.

In the Andamans the increased mortality is seen under every heading in the above table, and especially from dysentery and tubercle of the lungs. In Assam much of the mortality increase was due to the sharp outbreak of cholera in Gauhati Jail in October, 17 deaths in 25 cases. The year 1899 was, however, a good year for cholera: in every instance, except Assam, the mortality was much less than the quinquennial average, though it was not so free from cholera as 1898. The Andamans, as usual, the Berar-Secunderabad administration, and the Punjab, were free from cholera. Indeed, for the past seven years the jails of the Punjab have been cholera-free.

The death-rates returned under the heading "remittent fever" may, speaking generally, be taken as an index of the severity of the type of malarial fever; and there is an increase under this heading in the Andamans, Assam, Berar, and the North-Western Provinces and Oudh. All others show a decrease. How much this is due to the influence of modern views about the malarial fevers it is difficult to say. Dysentery shows the highest ratio for mortality in the Andamans, Bengal, Assam, and the North-Western Provinces; but in the Central Provinces, Assam, and Bengal it is much less than the quinquennial average. The ratio from respiratory diseases is highest in Assam. In most of the other provinces it is distinctly less than the decennial average. Tubercle of the lungs shows a marked increase in the Andamans, Assam, and Bengal; while it is less in Burma, the North-Western Provinces, the Central Provinces, and Madras.

Anæmia and debility is not a satisfactory diagnosis, and there is a falling off in the cases returned under this vague heading in Assam, the North-Western Provinces, the Punjab, Bombay, Berar, and the Central Provinces.

Andamans.

62. Last year the Senior Medical Officer commented upon the scanty vegetable supply of these islands. In 1899 he reports a great improvement in the supply. *Roselle* has been widely planted, and proved much more acceptable to north of India convicts than the tamarind formerly issued. Mangoes and limes have been extensively planted. Boiled water is used by all labouring convicts. In the dry weather several tanks dried up, and were thoroughly cleaned out. There was a great increase in the amount of malarial fever, dysentery, and anæmia cases. There was much increase in the deaths from dysentery, respiratory affections, and tubercle of the lungs. The type of malarial fevers was mild. The dysentery deaths occurred to a large extent among old and feeble chronic cases. The Senior Medical Officer attributed the almost total disappearance of scurvy to the great improvement in the vegetable diet.

Burma.

63. There was a slight falling off in the average annual strength; and there was but little overcrowding except for short periods. It is noted that the regulation diet was not sufficient to prevent loss of weight in men employed on the severer forms of hard labour, and extra food was issued in several instances in the form of rice (4 oz.) or *dal* (2 oz.). As noted by the Inspector-General last year, the water of Pakokku Jail and of Magwe Jail contained 70 and 100 grains of solids per gallon, yet the health is exceptionally good. The system of direct trenching of night soil was found satisfactory. Sixteen per cent. of prisoners confessed to being habitual opium smokers before admission. The Superintendent of Bhamo Jail urges that confinement in jail and deprivation of opium may have a strong predisposing effect in rendering the prisoners more liable to dysentery. The site of Moulmein Jail is radically bad,

lowlying and waterlogged. The chief mortality in this jail was from tuberculosis and dysentery. The latter disease was of a bad type, and especially attacked Karens and other hill tribes.

Assam.

64. The average annual strength was the highest for the quinquennium. The high mortality was due to the cholera outbreak at Gauhati: apart from cholera, it was practically the same as in the previous year, in which there was only one death from cholera. In 3 jails there were no deaths. The Chief Commissioner comments strongly upon the terrible mortality which prevails in the jails of Assam, and attributes it to the exposure involved in extramural labour, which is very largely in vogue for prisoners in these jails. This point is now being put to the test in Assam. Another important point, however, is the frequent absences of the superintendents of the jails on sanitary and inspection tours, which are part of their duties as civil surgeons of the districts. When the medical superintendent of a jail is absent on tour for 82 or 121 days, it is absolutely certain that he cannot exercise that close and unremitting attention to the health of prisoners that is necessary, if death-rates and sickness are to be kept at a low figure. Assam is notoriously malarious, and the death-rate for malarial fevers is highest in Assam jails (11·34). The dysentery death-rate is also high. While Assam has the highest death-rate in India, the admission rate is only fourth on the list. Where the general health of the prisoners is bad, it is generally wise to make free use of the hospital: by admitting patients early and keeping them in hospital till they are thoroughly cured, many lives will be saved.

Bengal.

65. The year 1899 was a healthy one in Bengal, the death-rate being 23·79, or a trifle beyond that of 1898, which was the lowest on record for Bengal, the average for the past quinquennium being 32·06 per mille. Cholera and small-pox were practically unknown during the year; and the admission rate for malarial fevers was moderate. The dysentery admission rate remained high, but the cases were generally of a mild type. Influenza caused a small number of admissions. There was but little overcrowding, except in Mymensingh Jail. The accommodation for undertrial prisoners is very limited in several jails. The scheme for boiling and filtering water in Buxar was completed, and the Pasteur filters worked on the whole well in the five jails supplied with them, though it is not clear that their use has in any way diminished the incidence of diseases generally considered to be water-borne. At Mymensingh dried plantain flour was used with success in the dietetic treatment of bowel-complaints. Buxar Central Prison suffered most from malarial fevers, as also in the previous year. This fever prevalence is general all over the town of Buxar, and is said to be connected with the high level of the sub-soil water caused by the canals.

Prophylaxis by quinine was generally carefully carried out, and control experiments were instituted in three large jails. At Bhagalpur the incidence of malarial fevers and of bowel-complaints proved to be exactly equal in the gangs taking quinine and in those who did not receive the drug. At Hazaribagh, however, a distinct advantage was apparent on the side of those who received the drug. The trial was only made at Buxar for one month. It is to be hoped that these valuable experiments will be continued till the question of the prophylaxis of malaria by quinine is finally settled. Tuberculosis of the lungs was much more prevalent and fatal than in former years. Pneumonia cases were less frequent. There were 6 cases and 4 deaths from cerebro-spinal fever. Dacca, Hazaribagh, and Bhagalpur

Central Prisons showed remarkably low death-rates. The rates for the Alipore and Presidency Central Prisons were high on account of the number of cases of tubercle of the lungs. The open air treatment of these cases was carried out with success in Bhagalpur Jail, and should be tried in other jails. Midnapur, as usual, was not healthy; prisoners from Chaibassa especially fared badly there, and, in consequence, transfers from Chaibassa were stopped. All the jails with high mortality belonged to Eastern Bengal. In four jails there were no deaths.

North-Western Provinces and Oudh.

66. The sick and death rates of the prisoners in these provinces were very satisfactory, the death-rate being only 22·25, or the second best on record for the province. All the Central Prisons show very satisfactory results: Bareilly Central Prison had a death-rate of only 8·86 per mille. There was a considerable decrease in the number of admissions and deaths from dysentery. The case-mortality is nevertheless high, 9 per cent., which probably in this instance points to a severe type of the disease. Isolation of dysentery cases and disinfection of stools is being more systematically carried out, but there is no unanimity of opinion as to the benefits or otherwise of isolation. The purity of the food and water continues to receive attention. Pneumonia caused 584 admissions and 130 deaths, a case-mortality of 20 per cent.* It is, as Major Mactaggart writes, "next to dysentery the most fatal disease" in these provinces. The vast majority of superintendents are in favour of restricting the ventilation areas of sleeping barracks in the cold weather months.

Punjab.

67. There was a marked improvement in the health of the prisoners in the Punjab jails: contrasted with those of the previous year, both sick and death-rates were lower. As in 1897, the last half of the year was the more unhealthy. The Central Prisons were more unhealthy than the District Jails, and also more unhealthy than the Central Prisons of Bengal and the North-Western Provinces. The following figures show the steady improvement in the health of these jails in the past 20 years. In the first quinquennium the death-rate was 50·24, in the second 31·97, in the third 27·25, and in the fourth only 19·16 per mille. It is to be hoped the day may come when it may be reduced to 15 per mille. Lieutenant-Colonel Bate believes, and rightly too, that "reasonable attention given to health, far from weakening discipline, is calculated to strengthen it." The better the general health, the more work can be got out of prisoners. The Mooltan Prison had a death-rate of 37·97, with 8 deaths each from pneumonia, dysentery, and tubercle of the lungs—three essentially jail diseases. This jail is the infirmary jail, however, of the province, and received a large number of weak and sickly men. Lahore Central Prison had 50 deaths (35·29 per mille)—14 from tubercle, 10 from pneumonia, and 5 from dysentery. It is suggested that men transferred to Lahore Prison suffer more than the inhabitants of that district do when in the same jail. Previous to 1898, the Lahore Central Prison was usually very healthy.

Bombay.

68. The death-rate in the Bombay jails was only 24·72 per mille; very satisfactory in view of the fact that 11 jails out of 15 were considerably overcrowded throughout the year. The Bombay Common Prison (120·00), Thana (71·60) and Dharwar (45·17) showed a mortality in excess of the quinquennial average. In the Common Prison this was almost entirely due to a severe outbreak of relapsing fever—37 deaths. There were 59 deaths in Thana Jail—8 from remittent fever, 9 from tubercle of the lungs,

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* Taking the 67 cases remaining from 1898 into account.

7 each from dysentery and scurvy, 6 from diarrhœa, and 6 each from pneumonia and other respiratory diseases. Out of 59 deaths, 41 took place among prisoners admitted from Nasik alone, most of whom came to jail in weak health. Malarial fevers prevailed much in Thana Jail, their probable origin being the moat surrounding the jail, and the large marshy tract on three sides of the prison. This evil is stated to be irremediable. In Dharwar the mortality was raised by an outbreak of cholera which caused seven deaths. To improve the health of the Bombay prisoners, wheat was issued in lieu of bajri, etc., extra rations were given to the weakly, and cinchona alkaloids were freely administered. Potatoes were issued also thrice a week in lieu of ordinary vegetables.

Berar.

69. The jails of Berar were generally healthy during the year, the death-rate being only 13·32—that is, the lowest in all India. Intermittent fever caused the greatest number of admissions; tubercle, pneumonia, and dysentery, besides anæmia and debility, the greatest number of deaths. The question of scurvy *versus* ankylostomiasis in the Akola Jail is referred to below.

Central Provinces.

70. The year is reported to have been an unusually healthy one, owing to a scanty rainfall and consequently less malaria. The death-rate per mille fell from 34·63 to 24·59, and the constantly sick rate from 51·6 to 27·7. Nagpur Central Prison recorded a death-rate of only 8·66 per mille, a figure only a few times bettered by any large Central Prison in India. In Jubbulpore 11 deaths are stated to have been remnants of the previous famine. The high death-rate of Raipur was largely due to a severe outbreak of cerebro-spinal fever (*vide* below). There was only one mild outbreak of cholera in the jails of the province—6 cases with 1 death at Bilaspur. The diet scales are liberal, but not more so than those of other provinces. Great attention was paid to the issue of antiscorbutics and good vegetables.

Coorg.

71. There is only one jail, at Mercara. The statistics of this jail are shown in Tables XLII and XLIII. The accommodation of the jail is 156. There was slight overcrowding for a short time only. The diet scales are liberal, and the water-supply is reported to be pure and ample. There were no less than 14 deaths, or a per mille ratio of 127·27. Three deaths are returned as from "debility." The death-rate was much higher than in the previous four years. Bowel-complaints and malarial fevers prevailed. This is attributed to the famished condition of new arrivals in the jail.

Madras.

72. The lowness of the death-rate (16·13) is unprecedented in the annals of the Madras jails. This is attributed to the absence of any epidemic, and to the good health of those newly admitted to jail. The Central Prisons show a somewhat higher death-rate than the District Jails. The Rajamundry Central Prison showed a remarkable improvement, the death-rate falling from 123·03 per mille in 1897, 193·23 in 1898, down to the very low figure of 14·29 in 1899. There was considerable overcrowding in three jails only. The reduction in the population of Rajamundry Prison was attended with the best results. There was a substantial reduction in the admissions to hospital for all forms of disease. The Inspector-General notes that the remarkably low death-rate of the year is largely to be attributed to the work of the medical officers in charge.

Geographical Groups.

73. The report for 1898 gave a table instituting a comparison between the geographical groups and between the present of any group and its past. Table XLI gives the ratios

per 1,000 for these geographical groups in 1899. As usual, Assam has the highest constantly sick-rate, and Burma Inland the lowest. Assam had the highest ratio for cholera, and next, at a long interval, Burma Inland. Bengal and Orissa had the highest ratio for dysentery, and the Upper Sub-Himalaya group for malarial fevers. Influenza had its highest ratios in the Hills and the Gangetic Plain. The admissions for tubercle of the lungs were highest in Bengal and Orissa and the West Coast group, and lowest in the Deccan, the Hills, and Assam.

Influenza.

74. It now remains to notice some of the most important diseases which affected the prisoners in the year 1899. The table shows that there has been a decrease in influenza every alternate year. This has continued for 1899, the ratio admitted in 1898 being 21·0 compared with 8·4 in the year before and 14·7 in the year under report.

Years.	Number of admissions into Hospital in each month.													Admitted per 1,000 of strength.	Died per 1,000 of strength.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.		
1890 .	1	16	377	3,830	2,382	796	232	6	1	...	1	1	7,643	79·2	·67
1891 .	3	152	91	19	32	119	459	285	266	72	19	387	1,904	18·9	·29
1892 .	539	806	2,947	1,059	223	89	60	65	38	12	7	6	5,851	56·7	1·26
1893 .	9	38	109	114	106	47	12	11	34	58	76	36	650	6·4	·09
1894 .	733	545	758	1,415	513	28	5	1	19	42	59	63	4,181	41·0	·43
1895 .	69	151	619	288	84	64	88	9	145	192	38	411	2,158	20·3	·15
1896 .	853	1,357	1,232	293	32	10	5	1	270	54	15	19	4,141	37·6	·60
1897 .	49	51	86	162	85	8	37	5	29	274	187	14	987	8·4	·21
1898 .	91	239	572	631	338	201	41	146	48	6	20	10	2,343	21·0	·33
1899 .	60	230	460	363	280	23	17	13	31	48	49	48	1,622	14·7	·18
Total .	2,407	3,585	7,251	8,174	4,075	1,385	956	542	881	758	471	995	31,480	29·7	·42

The provinces showing the highest admission ratio were, in order, the North-Western Provinces and Oudh, Berar, Assam, the Central Provinces, and Bengal. The disease was absent in the Andamans and Madras, and practically so in Bombay. From Tables XLIII and XLV it may be seen which jails were chiefly affected.

The personal equation in diagnosis comes in here; there is little doubt that an endemic form of influenza has prevailed in India, as in Europe, for the past decade; it breaks out into exacerbations usually at the change of seasons; and in many jails the disease is returned merely as bronchitis or broncho-pneumonia, in others as influenza. It has also been pointed out (1) that the old orthodox type of pneumonia is not now so commonly met with as in the years before the pandemic recrudescence of 1889-90.

Cholera.

75. The year 1898 was, as regards jails, one exceptionally free from cholera. The year 1899 was almost equally good, the admission ratio being only 0·9 for all Indian jails. There were 42 cases in Burma, 13 in Bombay and 6 in the Central Provinces. These with a smart outbreak at Gauhati, in Assam, make up the cholera history of

the year. There were no cases in the Punjab jails nor in Berar; very few in the North-Western Provinces, Madras, and Bengal; and 102 cases and 62 deaths in all India. The months of maximum prevalence were October, May, and June. The higher figure in October was entirely due to the Gauhati outbreak in that month.

YEARS.	NUMBER OF ADMISSIONS INTO HOSPITAL IN EACH MONTH.													Admitted per 1,000 of strength.	Died per 1,000 of strength.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.		
1890 .	2	5	5	3	1	15	54	51	37	48	48	2	271	2·8	1·44
1891 .	28	4	2	23	43	30	52	185	24	17	119	42	569	5·6	3·09
1892 .	127	45	81	58	33	81	239	143	23	2	53	12	897	8·7	4·73
1893 .	6	2	15	39	22	6	14	8	2	3	10	40	167	1·6	·82
1894 .	16	5	6	13	35	7	118	124	26	19	2	4	375	3·7	2·28
1895 .	2	1	1	8	24	6	27	41	6	2	12	2	132	1·2	·80
1896 .	2	3	14	42	22	47	68	37	4	5	4	5	253	2·3	1·27
1897 .	...	10	253	289	44	50	145	96	55	4	7	6	959	8·1	3·94
1898 .	...	3	7	2	5	4	1	...	...	1	...	...	23	·2	·13
1899 .	...	3	1	8	25	19	6	4	2	29	2	2	101	·9	·56
TOTAL .	183	81	385	485	254	265	724	689	179	130	257	115	3,747	3·5	1·91

There is no mention in any of the reports of any anticholera inoculations.

Small-pox.

76. There was very little small-pox in the jails of India. The ratio of admission, which was 1·0 in 1897, and 0·6 in 1898, fell still further to 0·2 in 1899.

In all the jails of India only 22 cases of small-pox were admitted, five of which were fatal. The Andamans, Assam, the Punjab, Berar, and Madras had no cases; Burma had 10 cases, Bengal 1, the North-Western Provinces 8, Bombay 2, and the Central Provinces 1. There has been no case of small-pox in the Andamans for 13 years. When it is considered that the average daily strength of prisoners in India was 110,016, the fewness of the cases of cholera and small-pox is a remarkable tribute to the medical management of these institutions.

Intermittent fever.

77. The Andamans, though remarkably free from preventable epidemic disease, have always suffered much from the malarial fevers. The admission rate for 1899 was no less than 1198·4, or more than twice as high a ratio as the next province, *viz.*, the Punjab, with a rate of 440·5 per mille. The term "remittent fever" is admittedly obscure and all-embracing (2), but it is apparently often used to describe the severer form of malarial fever,—the aestivo-autumnal, and continuous types of fever. In remittent fever the Andamans also head the list. For intermittent fever, after the Punjab comes Assam, 320·5, then Bengal, 287·3, and the North-Western Provinces, 273·1 per mille admissions; Madras, Berar and Burma being lowest on the list.

The present classification of malarial fevers into "intermittent" and "remittent" is admittedly faulty, and not in accordance with either clinical facts or scientific discovery. Yet till the Royal College of Physicians sees fit to alter the classification in its "Nomenclature of Disease," this must remain. It is, however, easier to see the objections to the present classification than to suggest a satisfactory substitute, in the present state of our knowledge. The influence of the researches of Manson, Ross, and the Italian observers is apparent in India, and in numerous jails attempts are being made to take up seriously the question of the prevention of malarial fevers by the destruction of the malaria-carrying mosquitoes, according to the British method of prevention(3), as well as by attempting to destroy the parasite while still in the human blood by the prophylactic issue (so called) of quinine, as recommended by Koch and other continental writers. However, as every prisoner newly admitted to jail has certainly before admission suffered from malarial fever, the task of prevention is not an easy one. It is, however, in jails that experiments in this direction may be looked for. It will be at least possible in many jails to destroy all possible breeding grounds of the *anopheles* in the immediate neighbourhood of the jail buildings, and to keep tanks, drains, etc., clean and free from weeds and stagnant water. If this cannot be done in jails, it will scarcely be successful in towns or rural districts.

The remarks made in last year's report on the necessity for keeping accurate accounts of the results of the prophylactic issue of quinine(4) have borne fruit, and several provinces report experiments of this nature. Above have been mentioned the results in Bengal—which were on the whole favourable, and were carefully carried out. The Punjab report gives as an appendix a detailed report on this subject which is of interest and value, though no control experiments seem to have been made. On the whole the opinion of Punjab medical officers is in favour of the issue of quinine or other preparation of cinchona. In Lahore, however, the Superintendent of the Central Prison states that the "drug appears to have exercised absolutely no beneficial effect," and in Rawalpindi the actual number of cases was not apparently reduced, but the disease was favourably modified. In Madras reports are vaguely in favour of the prophylactic issue, but, except in the case of Rajamundry, no opinion of any value is expressed. The medical superintendent of Rajamundry believes from experiment and examination of the blood of cases that quinine is useful for men who have not been exposed to malaria, and he thinks that the fever-attacks in those taking the drug are certainly milder than in others not so treated. Quinine, he says, and this agrees with universal experience, is useless in the secondary fevers of chronic malarials. One important point is often overlooked by those who write on this question: it is not the same thing, nor will it be followed by the same results, to issue quinine prophylactically to a party of European explorers or troops fresh from a *non-malarious* country, and to issue it to prisoners when in jail or soldiers in a regiment who have been exposed all their lives to malaria and have frequently suffered from malarial fevers.

The issue to prisoners in Indian jails deserves to be continued; and careful observations should be made yearly and reported. For references to the recent literature of the subject, see appendix to this section.

Remittent and Simple Continued Fevers.

78. Last year it was shown that cases of tubercle, heatstroke, septicæmia, and even dysentery, were returned under the heading "remittent fever." In 1899 the largest number of cases so returned came from the Andamans, and the fewest from Madras and Berar. Where the number of cases returned as "intermittent" is high, there also the number called "remittent" is high. The fact is that the nomenclature of malarial diseases is so unsatisfactory in view of present knowledge that medical men are compelled either to use inaccurately the name "ague" or intermittent fever for many cases which certainly do not intermit, or to call them remittent. In the autumn numerous cases of aestivo-autumnal fever are either continuous or subcontinuous for a few days, and such are often called "remittent," for want

of a better official title. On the other hand, cases of chronic tuberculosis, cerebro-spinal fever, it may even be Malta fever, are sometimes carelessly entered under this vague, if convenient, heading. Now that the Royal College of Physicians has seen fit to abolish the well recognized term and condition "malarial cachexia," it is extremely difficult to know how to return correctly cases of chronic malaria with enlarged spleen, anæmia, dropsy, etc. To call such intermittent fever is absurd; and, if they have, as is common, attacks of low, secondary fever, it is equally absurd to call them "*remittent.*" But these are the only two headings available in the Nomenclature of Diseases.

An examination of the explanations furnished by medical officers shows that the term "remittent fever" is used generally to denote cases due to malaria (and in many cases the haematozoon is noted as having been found) which are not intermittent, cases lasting 5 to 6 days, or even longer, as in some cases noted in Sylhet Jail. Such cases probably belong to the malignant type of malaria, and are probably due to the aestivo-autumnal parasite. Koch would probably call them "tropical fever." A few other cases more resemble simple continued fever. In a very few cases the term remittent was incorrectly used; for cases of meningitis, twice; for tubercle of the lungs, once; and for pneumonia, once.

Enteric fever.

79. In 1897 there were returned as enteric fever 34 cases with 15 deaths; in 1898, 20 cases with 9 deaths; and in 1899, 21 cases with 12 deaths. Details may be obtained from Tables XLIII and XLVII.

The question of enteric fever in natives of India is one which has been much discussed during the past year(5), and the facts recorded point to its undoubted existence as well as its undoubted rarity in natives. In 1899 out of 40,794 cases of "fever" admitted into all Indian jails, only 21 were returned as enteric. Considering the opportunities of observation and for *post-mortem* examinations in jails, this fact sufficiently proves the undoubted rarity of the disease in adult natives. The distribution of the cases may be studied in Table XLVII. The Fatehgarh case died on the ninth day of illness, and at the autopsy ulcers in size from a rupee to a split pea were found throughout the small intestine, being more numerous at the lower end of the ileum; and similar sharp-edged ulcers were found in the cæcum. It does not appear that these ulcers were in Peyer's patches, which were said to be "congested and tumefied." In fine, the ulceration was intestinal but not Peyerian. The information afforded as to the cases of supposed enteric fever in Mangalore Jail is too vague to allow any definite opinion to be given as to their nature. In Burma(5) the cases reported are peculiar and similar one to another: a few days vague illness, collapse at the end of the first week in hospital, perforation and peritonitis, ulceration in Peyer's patches. The cases in Nagpur Jail are carefully reported, and point to the diagnosis of enteric fever as being correct. The Chapra case was also carefully reported, and appeared to be genuine enteric fever.

Cerebro spinal Fever(6).

80. There were 29 cases and 24 deaths from cerebro-spinal fever in the year under report. The following table shows the number of admissions during the past 6 years in the jails of India:—

Years.	Admissions.	Deaths.
1893	15	10
1894	4	4
1895	8	5
1896	7	7
1897	13	10
1898	24	15

The following jails had cases during the past two years :—

	1898.		1899.	
	Admissions.	Deaths.	Admissions.	Deaths.
Mymensingh	...	...	1	...
Alipore Central	3	3	...	...
Midnapur ,,	1	1	...	...
Bhagalpur ,,	11	5	4	3
Buxar ,,	3	3	...	...
Mirzapur District	3	1	10	8
Agra Central	...	...	1	1
Shikarpur ,,	1	1	...	...
Akola Central	1	1	...	...
Madras Penitentiary, Central, (Natives).	1	...	...	...
Muzaffarpur	...	...	1	1
Raipur Central	...	...	12	11

The disease has been recognized in Alipore Prison, Calcutta, since 1885, and cases were present in that jail for 11 years out of 12. Next to Alipore, Bhagalpur Central Prison has suffered most. Cases were known, first in India, in Shikarpur jail before 1885. The outbreaks in the Bhagalpur and Raipur Prisons continued well into 1900, and were exceptionally fatal and persistent.

The disease is a well known and recognized one in Calcutta emigration depôts and in emigrant ships carrying coolies between Calcutta and the West Indies.

This fever is becoming increasingly common in America and Europe; and in Britain its existence has been recognized in Liverpool and in Glasgow.

As regards the bacteriology of the disease there is not much new to report. The *diplococcus intracellalaris* of Weichselbaum is generally recognized as the cause of *epidemic* cerebro-spinal meningitis, but sporadic cases clinically indistinguishable, may be due to the *pneumococcus,* or to the bacillus of influenza. The *diplococcus intracellularis* has been found in India by Buchanan and Drury in cases from Midnapur and Bhagalpur Central prisons. Hankin failed to find the specific organism in one case examined from Raipur Prison ; staphylococci only being found, though the outbreak was a typically epidemic one.

The cases are usually treated as contagious, and isolated ; but beyond a vague influence of occasional overcrowding no possible connexion has ever yet been traced between any one case and another. Cases have been mentioned among the free population of Calcutta, and there have been numerous cases in 1899-00 in the Calcutta Emigration Depôts.

Typhus, Relapsing Fever, and Plague.

81. There were no cases of typhus fever in the jails in 1899, contrasting with 14 cases in the previous year. The disease is usually met with in India in jails which draw their inmates from the trans-frontier tribes.

Relapsing fever(7) only appeared in Bombay in two jails. Yerrowda Central had 8 cases with one death and the Common Prison 244 cases with 37 deaths. The disease has been prevalent among the civil population of Bombay city for the past year. Lieutenant-Colonel G. Waters, I.M.S., submitted a report on this outbreak, which began suddenly in July at a time when plague in Bombay was at its minimum. The cases presented in addition to the usual symptoms of fever, etc., a new feature, *viz.*, a chain of small glandular swellings in the groin. Plague was, with hesitation, suspected ; but on removal of the cases to the Plague Hospital for blood examination, it was at once recognized that they were cases of relapsing fever. The female prisoners escaped entirely. Lieutenant-Colonel Waters attributes the outbreak to causes within the prison, *viz.*, the storage of cowdung and garden manure in godowns belonging to the hospital. This was removed and *post hoc* or *propter hoc* the disease ceased. An exacerbation of the disease in October is also ascribed to the dampness produced by the whitewashing of the barrack walls on sanitary grounds. As, however, the disease existed among the population outside the jail walls, it is not difficult to imagine its spread to and among the prisoners, though the means of conveyance of the *spirillum* from one sick person to another is unknown.

The occurrence of the chain of swollen glands noticed by Lieutenant-Colonel Waters is interesting, especially as such cases may have to be differentiated from plague. Vandyke Carter did not mention these glandular swellings, and Aitken only vaguely alludes to them. Murchison mentions them as occasionally met with in the relapse or convalescence. In the St. Petersburg epidemic of 1864-65 they are said to have been common.

In spite of the widespread prevalence of plague in India, the jails almost entirely escaped. Only 5 cases with 2 deaths occurred during the year: two in Dharwar, one in Thana, and two, both fatal, in Bombay (Common Prison). The immunity of the prisoners of India, in spite of the pandemic prevalence of plague, is very satisfactory, and reflects great credit on the preventive arrangements in force.

Erysipelas, Mumps, Scarlet Fever, etc.

82. There were 87 cases and 12 deaths from erysipelas; none of any special interest. There were most cases in the Punjab jails.

Mumps is the most common of all the diseases of its class in India. In 1897 there were 2,264 cases in all jails, in 1898, 1,447 cases, and in the year under report 1,106. Bengal had the greatest number, especially Alipore, Hazaribagh, and Bhagalpur Prisons. In all 18 Bengal jails were affected. In the North-Western Provinces jails 287 cases occurred, in the Punjab 234; in Bombay the Sind Gang had 111 cases out of the 119. Only 14 cases were met in the Central Provinces. The disease is most common in the dry weather, from December to March or April.

Chicken-pox is also very common in jails. Scarlet fever (8) is unknown in jails. A recent discussion on this fever showed that it was not infrequently met with in European children or even among European soldiers, but that attacks among natives were extremely rare, and that when outbreaks occurred, they seldom lasted long. Cases could usually be traced to importation from Europe.

Scurvy (9).

83. The question of scurvy is an important one in Indian jails. Table XL gives the ratios of admission from this disease. The ratio was highest in Berar (6·3 per mille), next in Bombay (3·7). In the Punjab the ratio was 2·0; in Assam, 2·3; in the Central Provinces, 1·9; in all other provinces under 1 per mille.

In the Andamans scurvy in 1898 was attributed to want of vegetables, and the use of boiled water, and neglect on the part of the prisoners to use the tamarind ration. In 1899 the medical officer reports the disappearance of scurvy, which he attributes to the better arrangements introduced for a good supply of vegetables. In the Thana Jail (Bombay) in October the medical officer noted "bad gums" among the prisoners, who were getting good succulent vegetables daily, and potatoes thrice a week. No effect was observable from the issue of antiscorbutics, the medical officer was inclined to view the condition of the gums as a result of the very prevalent malarial fevers, and local treatment of the gums proved useful. In the Punjab the close association of scurvy with dysentery is insisted upon. In the Mung Rasul Prison 10 cases of scurvy were shown as admitted, and probably others were returned under other headings. This is a new jail, and dependent upon other jails for a supply of fresh vegetables. Other antiscorbutics were also difficult to obtain, but arrangements have since been made to grow a large quantity of good vegetables in this jail garden. It is noted that after September scorbutic symptoms began to disappear, when 4 oz. of sound fresh potatoes were issued to each prisoner daily. The disappearance of dysentery and scurvy is also noted in Mooltan Prison when good European vegetables became plenty.

The question of the extent of the existence of scurvy in Indian jails has also been under discussion this year. The question was raised by the publication of a little pamphlet by the Superintendent of the Nagpur Central Prison in which he insisted upon the prevalence of scurvy, producing a condition of pyorrhœa alveolaris, in the jails of the Central Provinces. He insisted that this condition of the gums was scorbutic, and should be met by the free issue of good vegetables, and by attention to the cleanliness of the teeth. This position was challenged by the Superintendent of the Bhagalpur Central Prison who gave tables showing the extremely bad and rotten condition of the teeth in 500 prisoners, picked out on account of their good health and their being on hard labour. He maintained that (as far as Bengal was concerned) the condition of the gums often called scurvy was not really scurvy, but due to neglect of the teeth, the accumulation of tartar, the use of lime in the *pán* (when outside jail), and to the debilitating effects of malarial fevers. It was pointed out that these conditions were usually worst in bad malarious years, and in the late autumn at the end of the fever season, whereas vegetables were most deficient in the hot weather in May and June; and that antiscorbutics, mango pickle, and lime juice regularly and carefully administered were found to be useless; and moreover that the so-called scorbutic symptoms seldom or never appeared in any other part of the body except the gums, and that cleanliness and attention to the teeth, and the issue of antimalarial prophylactics or the lesser prevalence of malarial fevers, all tended to make these unhealthy conditions of the gums disappear.

That real scurvy may and does exist in Indian jails there can be no doubt, but it is extremely probable that many cases so called are only instances of local disease of the gums, due chiefly to neglect of the use of tooth-sticks, which natives of India invariably use in their own homes. The following quotation from the report of the Inspector-General of the jails of the Central Provinces bears on the point:—

> "It would appear that the gums of new admissions generally show what are regarded as indications of scurvy, in greater or less degree; but with proper treatment, consisting chiefly of cleaning with alum or charcoal powder, these indications disappear.

Tubercle of the lungs (10).

84. In 1899 the ratio of admissions for tubercle of the lungs was highest in Bengal, Madras, and the Andamans, and lowest in Berar and the Central Provinces. In Madras the ratio has been highest for 5 consecutive years. As in the two previous years, the death-rate was highest in the Andamans. That many jails had admission ratios over 10 per mille may be learned from Table XLII. Out of 21,861 deaths which occurred in Indian jails in the 7 years, 1893-99, no less than 2,263, or 1 in 10, were from tubercle of the lungs or pulmonary phthisis. This excludes all non-pulmonary forms of tuberculosis.

Dr. Crombie in his Report (given in last year's volume) stated that tuberculosis of the lungs was apparently on the increase in the jails of India. The returns for the past 10 years certainly indicate that this is a fact, even with allowance for greater care and accuracy in diagnosis. At the same time, it may be noted that there has been a steady increase in the population of the jails of India from 101,019 in 1891 to 111,344 in 1898.

This increase points to the necessity for treating phthisical cases according to modern methods, by segregation from other prisoners, well ventilated wards, plenty of air space, plenty of nourishing food; and for disinfection of the sputum.

Pneumonia and other Respiratory diseases (11).

85. There was a slight falling off all round in the incidence of influenza, and of pneumonia and the other respiratory diseases; but, as was said above, the influenza seen in India is almost always of the pulmonary type, and clinically it is very difficult to distinguish from cases which are returned as bronchitis or broncho-pneumonia. The existence, too, of cases returned as influenza, especially in Burma, Bengal, the North-Western Provinces and Oudh, the Central Provinces, and Madras, renders difficult the question of the etiology of pneumonia, or to decide to what extent it is due to special conditions of jail life. In Madras, the Andamans, and Bombay, where the ratios for influenza are low or *nil*, there were very high ratios for "other respiratory diseases." As regards season, on the whole the cold weather months have most cases, and next to these the month of March, when the days are hot and the nights still cool. March and April are especially the months in which influenza chiefly prevails. In the Punjab and the North-Western Provinces and Oudh pneumonia is worst in the cold months, but maintains a fairly high level throughout the year.

Close and impure air is an important factor in the multiplication of pneumonia cases, and the practice, referred to by the Inspector-General of the Punjab, which is universal in natives of India of covering up the head when asleep largely nullifies the advantages of airy barracks and good ventilation. The regulation of the ventilation of barracks is very important, and in all new buildings shutters opening vertically and horizontally so as to give the greatest control over ventilation are necessary. The floor-space allotted to prisoners is sufficient during nine months of the year, when doors and windows are open; but in the cold weather, when the air outside at night is distinctly cold, ventilation of these wards without draught is by no means easy. The question of the infectiousness of pneumonia or its epidemic prevalence is one not lost sight of in India, and even in England increasing attention has been recently paid to this aspect of pneumonia.

Dysentery and Diarrhœa (12).

86. The admission ratio for dysentery for all India was 98·1. The ratios were highest in Bengal, Assam, the Andamans, and the Central Provinces, as is also the case for the preceding 5-year period. They were lowest in Berar, Bombay, and Madras; and this also agrees with the records of the past 5 years. The death-rate for dysentery per mille of strength was far and away highest in the Andamans; Bengal, Assam, and the North-Western Provinces and Oudh coming (*longò intervallo*) next. The annual reports have less than usual to say about this disease, as on the whole it was less fatal and less prevalent than in past years. In the Punjab the intimate connexion of malaria and scurvy as predisposing factors are again insisted upon, and the Inspector-General notes a possible connexion between the renewal of the mud floors in the hot weather, and the prevalence of dysentery in Rawalpindi Jail. The *bacillus enteritidis* might here be invoked, if it is certain that it is not a constant inhabitant of the healthy intestine. In the Andamans the Senior Medical

Officer notes that old and feeble chronic cases contributed most largely to the high death-rate. The long continued drought in the Andamans also materially affected the purity of the water-supply. The steady decline in dysentery cases in the Central Provinces is very satisfactory.

In comparing the incidence of dysentery in the various provinces, allowance must be made for the personal equation. Some medical officers admit freely the mildest cases; others keep mild cases in the special gangs, and send them back to work without formal admission to hospital. An examination of the number of deaths and cases for 6 years shows that in all the jails of India there were 66,174 cases and 4,666 deaths, which gives a case-mortality of 7 per cent., a figure which exactly agrees with that given by Scheube for endemic dysentery in China and Japan. Using 7 per cent. as a standard, it is found that in 1899 two provinces, the Andamans and the North-Western Provinces and Oudh, were above this (9·2 and 8·9 per cent.) and all the others below, *viz.*, Burma (6·1), Assam (3·4), Bengal (2·8), Punjab (3·6), Bombay (5·5), Berar (6·9), Central Provinces (4·5), and Madras (3·3). To what extent this indicates severity of type rather than promptness and efficiency of treatment it is impossible to decide. One thing is certain that free and early admission to hospital, and efficient treatment and dieting, are the best way of preventing deaths from dysentery in individual jails.

As regards the question of the relation between dysentery and the malarial fevers, there is no doubt that a bad malarious year means also a bad year for dysentery. Patients who have suffered much from malarial fevers are apt to contract dysentery, and in its worst forms; moreover, as pointed out in last year's report, a form of dysentery, which has been called "terminal dysentery," is very apt to attack cachectic patients of all kinds in the tropics. In these cases however the dysentery is rather a mode of dying than a cause of death. An examination of the monthly incidence of dysentery in all provinces for 5 years (1894-98) shows that August is the worst month, then July, next September; in fact 34 per cent. of all cases occur in these three months. February is generally the lowest month for dysentery. The monthly distribution of the disease among European troops and native troops is also practically the same. This points to the fact that the warmth and moisture of the three summer-autumn months are the most favourable for the development of the germ or germs of the disease.

Dysentery is often, and should be always, treated in Indian jails as an infectious disease, and such cases are in many jails treated in a separate ward. The utmost care is necessary in the thorough disinfection of all bed-clothes, blankets, etc., used by patients. The burning of dysenteric stools is carried out in many jails.

The jail medical officer, who wishes most successfully to get rid of the prevalence of dysentery among his prisoners, will attend personally to the following points—(1) good, well cleaned, and well cooked food; (2) variety of food, vegetables, *dals*, etc., (3) provision of plenty of good antiscorbutic vegetables; (4) good pure water-supply; (5) prevention of getting wet in the rains, chills, etc., (6) avoidance of any purgative drugs, plants, chemicals, etc., which prisoners steal to produce diarrhœa and dysentery; (7) early recognition of cases, and early and efficient treatment in hospital; (8) the prevention of relapses by not too early sending out patients to ordinary diet; (9) disinfection of bedding, clothes, etc., and the incineration of all dysenteric stools; (10) the prevention of malarial fevers by the use of cinchonidine, quinine, etc.

While discussing the subject of jail dysentery, it is worth pointing out the extreme rarity of liver abscess among jail dysentery cases. Out of 55,042 cases of dysentery in jails during the last 5 years, only 71 were complicated by liver bscess, that is, 1 case of liver abscess for 775 cases of dysentery; in the native army the ratio was 1 case of liver abscess for 610 of dysentery; whereas in the European army in the same period there were no less than 747 cases of liver abscess with only 11,401 cases of dysentery. That is to say, in India one case of liver abscess occurs for every 15 cases of dysentery in European troops, one case for 610 in native troops, and 1 case for 775 cases among prisoners; or where dysentery is worst (both in case-mortality and in prevalence) liver abscess is least. This throws some doubt on the view which gives so much prominence to dysentery as *the* factor in the causation of liver abscess.

As regards the bacteriology of dysentery there is little to report. There is considerable evidence in favour of the view that the bacillus discovered by Shiga in Japan is the cause of the endemic and epidemic dysentery of that country and of the Phillipines.

The problem of rapidly cooling drinking water which has been boiled, is still unsolved, but till cool and pure water is served out to prisoners, or indeed soldiers, nothing will prevent them drinking any other water, no matter how inferior, if only it is cooler. There appears to be no foundation for connecting cases of scurvy with the use of boiled water, a point raised in the Andamans last year.

There is nothing new to note in regard to the prevalence of diarrhœa. The idiocyncrasy of Madras is not returning cases as 'diarrhœa' remains as before, and has been previously commented upon.

Beri-beri (13).

87. Seven cases with one death were reported in Burman, and ten cases with one death in Madras jails, besides one case in the Secunderabad jail. This contrasts markedly with 148 admissions with 14 deaths in the previous year, and 60 with 3 in 1897. This falling off in numbers does not point to decrease in the disease, but to alteration of diagnosis. Nearly all the cases in 1898 belonged to Rajamundry Prison, and the opinions quoted last year from Captain Fearnside's report that the disease was malarial cachexia and not beri-beri have been entirely borne out by the marked improvement in the health of Rajamundry Prison as soon as a correct view was taken of the prevailing disease.

Beri-beri has for long existed in Burma, the only part of the Indian empire, except certain districts in Madras, where this disease does exist. In the past three years 944 cases of beri-beri have been admitted to the General Hospital, Rangoon, with a death-rate of 48 per cent. In Rangoon it appears that Hindu natives of India suffer more, or come to hospital more than the native Burmese; the Hindus attacked belonging almost entirely to the coolie class, chiefly from Southern India, whose diet, though it may be plentiful, is very deficient in nitrogenous elements. It has been mentioned that no case of beri-beri has even been recorded in the wheat eating areas of India.

The bacteriology of beri-beri is still quite uncertain, and continental observers failed to discover any microbe which could be looked upon as a cause in the Dublin outbreak. The latest report, however, shows that the asylum epidemics in Dublin and elsewhere are not quite the same disease as tropical endemic polyneuritis or beri-beri. The confusion which surrounded the disease in India for years is now gradually disappearing.

Dracunculus Medinensis.

88. Guinea-worm was the cause of 468 admissions in all India, and of 1 death; against 497 and no deaths in 1898. As usual, Bombay, Madras, and the Punjab had the largest numbers of cases. There are usually a few cases in the Central Provinces and only a very few or none in the other provinces of India. This fairly represents the prevalence of the worm in India. The frontier jails are especially liable to this parasite, which prevails all through Afghanistan and Persia.

Strongylus duodenalis and other intestinal parasites (14).

89. To judge by the few cases returned of disease due to this worm, no one would imagine the amount of destruction which has been attributed to it. Only four cases in Assam and two in Madras are returned under this heading.

The same divergence of opinion remains as to the harmfulness or otherwise of this blood sucking parasite, but there appears to be a growing body of opinion which maintains that the worm is often a more or less harmless inhabitant of the human intestine. Some years ago much of the anæmia in the Andamans was attributed to this parasite, but the present Senior Medical Officer has stated that he would guarantee to demonstrate the worm or its ova in nearly every healthy prisoner in the settlement. In 285 cases examined in Port Blair, 164 prisoners harboured he worm. In one case 671 worms were passed after thymol, in another 432, in a third 250, while in all the rest the number of worms was under 100, except in 7 cases where between 100 and 200 were found. The medical officer considered that in only 1 case (671 worms) did the worms constitute a material complication of the case. The man presented the characteristic symptoms of ankylostomiasis, and had no symptoms of malaria. In another part of the settlement worms were found in 28 out of 30 *healthy* prisoners tested. In another batch of hospital prisoners the parasite was found in 339 cases out of 366. In the case of one man complaining of pain in the abdomen the worms were suspected, thymol was exhibited, and 292 worms were passed. In another test experiment nine healthy Nicobarese youths were treated with thymol, and passed the following number of the worms :—(1) 554; (2) 139; (3) 232; (4) 340; (5) 143; (6) 65; (7) 100; (8) 210 and (9) 202. Several of them also passed other entozoa (Taeniae, etc.).

In the Akola Central Prison the cases hitherto looked upon as "scurvy" were examined by Lieutenant Liston, I.M.S., who decided from blood examinations and other tests that the so-called scorbutic symptoms were really due to the prevalence of the ankylostomum parasite. He believes that these parasites secrete a toxin, which, being absorbed, produces anæmia and the swollen condition of the gums, so often mistaken for scurvy.

Captain C. J. Fearnside, I.M.S., has also examined this question with characteristic thoroughness. Of 462 convicts examined in Rajamundry Prison, 68 per cent. harboured the ankylostomum, 36 the ascaris, and 7 per cent. the *trichocephalus dispar*. In 72 out of 100 newly admitted convicts ankylostome ova were found, and 50 per cent. of these were classed as in good health. Two hundred convicts who had spent 6 months and upwards in jail were examined, and 58 per cent. of them harboured ankylostome ova. In 74 per cent. of 105 *post-mortem* examinations performed in this jail ankylostoma were found, haemorrhagic spots in the intestines of 51 per cent., and erosions in the intestines of 11 per cent. Captain Fearnside concludes that the "effects of the ankylostoma are for the most part secondary, not primary: they seldom occur in such numbers as to cause true ankylostomiasis. The presence of ankylostoma in malarial or other cachectics is of great importance. They bleed the patient who can ill afford to loose the blood, and set up local congestions and erosions of the bowel, which cause a catarrh, and thus retard the proper assimilation of food." Captain Fearnside does not trust reports as to thymol being exhibited and hundreds of ankylostoma being found in the stools on washing. In 13 cases quoted he gave large doses of thymol (20 to 30 grains) for long periods daily (17 to 30 days), and yet at the end the ova were as numerous in the stools as at the beginning. "For the diagnosis of anchylostomiasis, therefore, it is necessary to exclude all other blood-destroying disease, rather than depend on the mere presence of the parasite in the bowel."

Anæmia and Debility.

90. The numbers returned under this extremely vague heading show a reduction compared with the previous year, but still that 1,788 admissions and 104 deaths should be returned thus is not creditable.

Mortality of prisoners and of troops compared.

91. A table is, as usual, here given to compare the mortality of prisoners in 1899 with that of soldiers. Of course, for obvious reasons, chiefly connected with selection, age, and sex, too much must not be made of the comparison here instituted:—

Causes of Death.	Died per 1,000 of average strength.			Relative liability in percentages.				Percentage in deaths from all causes.		
	European troops.	Native troops.	Prisoners.	European troops.	Native troops.	Prisoners.	Total 100.	European troops.	Native troops.	Prisoners.
Cholera . . .	·01	·53	·56	1	48	51	100	·1	4·9	2·4
Fevers* . . .	5·59	1·91	1·72	61	21	19	100	43·9	17·9	7·3
Bowel-complaints .	·65	·47	6·78	8	6	86	100	5·1	4·4	28·4
Spleen diseases .	·01	·02	·03	17	33	50	100	·1	·2	·1
Anæmia and debility	...	·17	·95	...	15	85	100	...	1·6	4·0
Respiratory diseases .	·75	4·23	4·30	8	46	46	100	5·9	39·5	18·0
Tubercle of the lungs	·56	·68	3·55	12	14	74	100	4·4	6·3	14·9
All other causes .	5·18	2·68	5·98	37	19	43	100	40·5	24·2	24·9
ALL CAUSES .	12·75	10·70	23·87	27	23	50	100	100·0	100·0	100·0

* Enteric, intermittent, remittent, and simple continued fevers.

Papers quoted in Section IV.

For explanation of abbreviations see end of Section II.

(1) I. M. G., editorial, September 1899, page 337.

(2) I. M. G., editorial, September 1899, page 339.

(3) Liverpool Tropical School Memoir No. 2, Celli, B. M. J., February 10th, 1900; Koch, quoted in I. M. G., February 1900; Cornwall, letter in I. M. G., page 37, January 1900; Editorial I. M. G., page 62, February 1900; Editorial I. M. G., page 103, March 1900; (Mosquitoes) Nuttall J. T. M. (1900), pages 198, 231, 245.

(4) R. Ashe, I. M. G., September 1899, page 313; Fearnside, I. M. G., September 1899, page 316; Editorial I. M. G., September 1899, page 333; Ffrench-Mullen, I. M. G., October 1899, page 361; An American view, I. M. G., page 384; Green, I. M. G., November 1899, page 401; Maynard, I. M. G., March 1900, page 91.

(5) A. Buchanan, I. M. G., October 1899, page 366; I. M. G., February 1900, pages 53, 174; Maddox, I. M. G., November 1899, page 404; Spencer, I. M. G., April 1900, page 122; Editorial, I. M. G., June 1900, page 221; (In Burmans) Editorial note, I. M. G., July 1900.

(6) Cerebro-spinal fever. Buchanan W. J., History of—in India; J. T. M. August 1898; B. M. J., September 24th, 1898; I. M. G., December 1899; Dub. J. Med. Sci., February 1899; Editorial I. M. G., September 1899, page 335; Henvey, I. M. G., June and July 1900; Osler, Cavendish Lect., B. M. J., July 1899; Councilman's Report to Boston Board of Health; Wentworth, Lancet, 1st October 1898; Osler, B. J., December 29th, 1898, (Kernig's Symptom) Editorial note, I. M. G., April 1900; Henvey (*loc. cit.*, page 210); Netter, 20th Century Practice of Medicine.

(7) Relapsing fever, I. M. G., July 1900.

(8) Scarlatina in India, I. M. G., August 1900; J. T. M., August 1899; J. T. M., April 1900.

(9) Scurvy. A. Buchanan "*Diseases of Gums in Jails*"; Revew, I. M. G., September 1899, page 341; Teeth of prisoners, W. J. Buchanan, I. M. G., September 1899, page 314; (Ptomaine origin of scurvy) Jackson and Harley *Lancet*, May 1900.

(10) Tubercle in India. Buchanan, J. T. M., 1899; Editorial I. M. G., June 1900, page 222.

(11) Pneumonia. Lalor I. M. G., April and July 1900; Editorial B. M. J., June 16th, 1900; Barr B. M. J., June 9th and 16th, 1900; Practitioner, April 1900.

(12) Dysentery and Diarrhœa. Buchanan W. J., I. M. G., December 1898; B. M. J. February 9th, 1900; Washbourn, (in South Africa), B. M. J., 16th June 1900, "Terminal", Buchanan W. J., B. M. J., 9th September 1899; J. T. M., March 1900, page 194; (Serum treatment) I. M. G., January 1900, page 27; (Colitis) Editorial I. M. G., January 1900, page 22; (in Japan epidemic) I. M. G., May 1900, page 183; (Bacteriology), quoted by Rogers, I. M. G., February 1900, page 74; (Water and Dysentery) I. M. G., June 1900, page 222; (Diarrhœa and Sprue) Lauder Brunton quoted by Moir, I. M. G., 1900, page 233.

(13) Beri-beri, Eyre. I. M. G., January 1900, page 17; Barry, I. M. G., September 1900; Haynes, J. T. M., March 1900; Rambant, Dub. J. Med. Sci., May and June 1900; (not in wheat eating countries) I. M. G., May 1900, page 186; in Dublin, I. M. G., page 110 (March 1900).

(14) Anchylostoma. Collective inquiry, I. M. G., April 1900; L. Rogers, I. M. G., April 1900; H. Hudson, I. M. G., September 1900; Fearnside, I. M. G., September 1900; J. T. M., May 1900; Reilly, I. M. G., July 1900.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

SECTION V.

VITAL STATISTICS OF THE GENERAL POPULATION.

General Remarks.

92. In this section of the reports issued year by year, the difficulties that confront the vital statistician when dealing with the figures presented in the annual reports of the Provincial Sanitary Commissioners have been repeatedly emphasized. One more year has elapsed since the census was taken, and it will be readily admitted that the figures of 1891 for an enormous and heterogeneous population like that of India must render close reasoning in respect of ratios calculated thereon, a futile and well-nigh impossible task. On the one hand, there is the proverbial fecundity of the people, and, on the other, this is the land of capricious and devastating epidemics ; during the inter-censal period, famine has invaded many of the most fertile and populous areas, and beyond the indirect loss of life this has involved, we have to take account of its effect in setting up currents of immigration and emigration which would vitiate the best accredited registration returns. These returns are certainly improving and Local Governments are alive to their responsibilities in this respect, but nothing approaching the actual facts can be obtained while the collecting agency in both urban and rural areas remains illiterate, and until municipal bodies recognize their obligation to enforce the bye-laws under which registration is legally compulsory within the limits of their authority. With all these drawbacks the tendency is slowly but surely towards improvement so far as the elemental facts are concerned, the bare enumeration of births and deaths. Beyond this, when we come, for example, to the distribution of the causes of death under their various headings, we must at present be content to deal with contrasts in the gross, and the broad indications they afford, for the vast majority of natives are unattended by qualified medical men, no certificates are furnished, and friends and the reporting agency alike go no further in their discrimination of death-causes than is involved in a reference to the two great classes of " fevers " and " bowel-complaints."

Infantile Mortality.

In the following pages, little more is attempted than a broad survey of the outstanding features of the figures relating to births and deaths in the different provinces. These prefatory remarks will prepare the reader for general indications only of the ebb and flow of the chief vital phenomena, the resultant of many factors which are lost or obscured in the general movement ; the material for refined speculation on some most interesting problems is wanting, but it is necessary to allude briefly to one or two of the more remarkable features of the figures as they stand. There is first the extraordinary contrast exhibited in the infantile mortality rates. Where registration is most defective, these rates are lowest and present the widest range. In a country where death registration by qualified medical practitioners is not required by law, where still-born children are not reported, save in the presidency cities, by any agency however defective, and where infanticide by accident or design is not associated with the moral stigma and penalty attached to it in Europe, it is only to be expected that a large proportion of the deaths of infants are entirely lost to account. In Calcutta and Bombay where registration is at its best and where, owing to the presence of plague in recent years, the causes of death have been more carefully scrutinized, we find that the numbers of still-births recorded reach the high proportions of 8·4 per cent. of the total births in the former city and of 18·7 per cent. in the latter. But the Bombay percentage cannot be taken to represent the normal relation, the prevalence of plague and other epidemic diseases,—relapsing fever, small-pox and cholera which were unusually rife in Bombay during 1899, together with the influx of a famine-stricken population—have undoubtedly very largely increased the number of still-births.

It cannot be doubted that from the youthful ages of the mothers, the untoward sanitary conditions in which they live and the physical labour they are called upon to perform during pregnancy, the proportion of still-births is very high as compared with that recorded in Europe. As regards the infantile mortality, a general comparison of its relative incidence in urban and rural areas shows, as might be expected, that it is far higher in the large towns than in the country. While the mean rate in Bengal for 1899 is recorded as 184·8, that for Calcutta stands at 366·8 ; the rate for Lower Burma is 185·7 and that for Rangoon 357·4 ; the Presidency of Madras where registration leaves much to be desired and where, as the Sanitary Commissioner remarks that, "it was obvious that the death of an infant who had not managed to struggle through a year of life was often held unworthy of official recognition," the infantile mortality figure is 159·8, whereas for the city of Madras it is 275·5 ; in the Bombay Presidency the mean rate is 192·7, but in the city itself it rose to the enormous figure of 798·69, and although the conditions of recent years have been specially unfavourable owing to plague and scarcity and the immigration of destitute waifs, it was 461·3 prior to the advent of these troubles.

It cannot be considered that the figures recorded over the country generally adequately represent the loss of life among infants; the reasons for this have already been broadly stated and it will be evident, not only from the rates given in the body of this section under each provincial heading, but also from a perusal of the lowest rates returned by each, which are as follows :—

Lowest infantile mortality rates in districts—

Berar	196·6
Central Provinces	193·8
Punjab	156·0
North-Western Provinces and Oudh	150·6
Bengal	118·0
Burma	102·0
Madras	96·7
Bombay	93·0
Assam	17·8

The first five are the provinces in which the birth-rates are highest, and in the first four the mean infantile mortality rates are highest, and speaking generally it may be said that the infantile mortality figure presents a rough but approximately accurate test of the comparative adequacy of registration. Where the birth-rates are exceptionally low, we also find the most defective death-registration, and it is easy to understand that deaths are more readily concealed than births, and the low birth-rate which *caeteris paribus* makes for a high infantile mortality figure is more than counterbalanced by the still more defective death-rate.

Famine and the birth-rate.

One other interesting feature of the returns for the year is the extraordinarily high birth-rate, which was general all over India; it is not only that the figures are in the case of each provincial area notably higher than in any year of the inter-censal period, but the contrast with the low birth-rates of 1897, and, to a less extent, of 1898, renders the figures the more remarkable. Two considerations immediately arise in this connexion, *viz.*, that the comparatively low birth-rates of the two preceding years were directly or indirectly due to the prevalence of famine over wide areas and to the rise in prices of common food grains nearly everywhere; and, second, that the phenomenally high figures for 1899 are to some extent enhanced beyond the true rates on account of the defective population figure which has not been corrected since 1891. But making full allowance for this statistical error, the enormous bound in the birth-rate disclosed by the returns for the year under review deserves more than passing allusion, if it be only by way of examining the basis for the existence of the popular idea that we see quoted as "Doubleday's well-known generalization," *viz.*, that one of the consequences of famine is to increase fertility. The question of the causes of the natural increase of a population is not a simple one; it is confused by physiological and sociological factors of extreme complexity, and in India especially, where, owing to the periodic recurrence of scarcity, it confronts the enquirer, the data available for a critical examination are often unreliable or insufficient. It may be interesting, however, to look at the facts at our disposal, as they indicate that we need not postulate the existence of an apparently paradoxical phenomenon; and that, so far as concerns the specific question raised in the generalization quoted, we may do well first to take account of some of the more obvious factors in action.

Briefly then, it may be stated that under normal conditions the birth-rate follows a well-defined and characteristic seasonal curve (see sub-section Bengal, page 110 of this section); during, and for some months subsequent to, the prevalence of scarcity from failure of the harvests we see the birth-rate fall and the normal curve modified out of recognition; at the same time the death-rate rises to an abnormal extent, and the excess mortality falls in altogether undue proportion upon the age periods at the two ends of the scale. On the return of prosperity marked by the first good harvest, we find that the birth-rate remains abnormally low for some 10 or 11 months, when an extraordinary rise ensues which is maintained for several months at a fairly consistent level, the fluctuations of the normal curve being swamped by the high tide. But while the rise in the birth-rate is delayed for nearly a year, it is to be noted that the death-rate falls to below the normal some two or three months only after the replenishment of food stocks, and it remains consistently below the normal for a period, usually extending to a full year. Now it may be averred that the sexual instinct and the struggle for food are the two fundamental physiological forces that mould the social organism; they both combine and separate individuals, and in them we find the basis of both the egoistic and altruistic instincts. They doubtless mutually subserve each other, but when the latter becomes sterner, the former suffers and the individual seeks to maintain life at any cost. Moreover, "the reproductive system appears to be far more susceptible than any other part of the organization to the action of any change in the conditions of life."*

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* "Origin of Species."

Now the physical and social conditions that promote the comparative fecundity of the Indian peoples have been well summarised as follows:—

*There is the tropical climate with its accompaniment of a low standard of requirements in the way of food and clothing, and an equality of temperature that admits of an out-door life to an extent that alone renders habitable the ordinary style of dwelling. There is the extent of arable soil, most of which yields to a comparatively simple cultivation the amount of food that suffices for the wants of the family. Strongest of all is the religious sanction, or the social influence, that contains within itself all the vitality of the popular belief, and according to which the want of a male heir leads to difficulties with regard to the inheritance of property, as well as to the omission of ceremonial observances of the utmost importance after death. There is, lastly, the stereotyped structure and want of elasticity inherent in the form of Indian society, which retards to an indefinite degree the development of a standard of comfort in advance of that of the preceding generation, and thus discourages the foresight which, originating in the desire of rising in the social scale, has an enduring effect on the marriage relations of the class which has once acquired it.

That the result of all these sanctions to propagate their kind is not greater than it is, is doubtless due to the condition of comparative want, at any rate to a standard of diet short of full physiological requirements, for although the birth-rate is far higher than that of England, it is to be noted that the full powers of the people are exercised in this respect, whereas, as Farr has shown, there is an immense reserve of unmarried but marriageable population in England. No less than 88 per cent. of the total number of women in India between the ages of 15 and 39 were shown to be married at the last census. While the disposable income of the people scarcely varies, the harvests vary greatly, and among people living from hand to mouth on the produce of the soil, the effect of a bad season speedily makes itself felt; with the insufficiency of food comes less resistance to disease, and beyond this the loss of a harvest cuts off the recourse to ready money in the way of loans from the local bankers. The milk cattle die in enormous numbers and the young children are the first to suffer privation, and a further drain is made upon the maternal vitality which it is unable to meet.

What happens now is that marriages are deferred; not only are the times unpropitious, but the necessary funds for the ceremonial festivities, which are regarded as essential, are not forthcoming. The able-bodied men first leave their homes in search of work in less distressed areas or on relief works, and these no doubt are often accompanied by their women, or followed by them later. There is undoubtedly enforced celibacy among a large proportion of the population and with this there is also a depression of the vital functions, affecting that of reproduction. It has been noticed that the women resorting to relief camps are rarely pregnant, that is to say, that there is marked diminution in the normal proportion of pregnant women. It is now that the birth-rate falls and that the death-rate rises, but under present conditions of railway communication and relief works, it is the very young and the old who succumb, leaving for the most part the more robust section of the population, that included in the child-bearing age-periods, severely affected by privation and with the vital functions at their lowest ebb, but surviving to resume the exercise of these on the return of favouring conditions. It may be noted that in the old days when famine desolated a province cut off from outside aid and when adequate measures of relief were not organized, the adult population suffered far more severely (Madras famine 1877), and as a consequence the birth-rate fell off markedly for a number of years, until indeed a young population reaching the child-bearing age brought about a sudden increase, a fact that bears forcibly upon the point under discussion.

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* Bombay Census Report for 1881, page 29.

With the recurrence of the first bountiful harvest, the whole course of events is reversed; the wanderers return to their homes, loans are negociable, there is an excess number of marriages, many of those deferred under stress of want being consummated; co-habitation is resumed by those temporarily separated and the sexual instinct depressed by acute privation, now resumes its imperious sway fortified by comparatively abundant food and freedom from anxiety, as also there are fewer mouths to fill, the unproductive members having largely died off. There are therefore all the conditions promoting an abnormal excess of conceptions during the few months following this resumption of the placid tenour of home life, and the establishment of many new homes. If any stimulus were necessary to the production of offspring, we might find it in the great loss of young children sustained by the people during the famine and the imperative obligation to supply their places and remove the religious and social disabilities their absence entails. Not only therefore have we a larger number of effective agents for procreation in the period in question, but it is probable that the rhythmical impulse that attends all natural operations has gained in force by temporary rest and suspension, and as a result we must look for more than the normal average of conceptions and births; but these take place, as the figures prove, subsequent to the return of the first abundant harvest and all it connotes, and long after the fall in the death-rate announces a return of healthy and comparatively prosperous conditions. If we take into account the number of years to each birth per married woman at the reproductive ages, which in some countries is 2½, we shall probably find it nearer 2 in India, and if conceptions are deferred in one year, there will probably be an excess in the next to redress the balance. Farr called marriage the barometer of prosperity; this is also in a sense the case in India, as regards the indication afforded by a brisk " fall," and as a war diminishes the number of marriages by temporarily removing many men of the procreative age-periods, so an excess of marriages naturally follows peace. And it is the same with famine, in the case of which there are considerations to be added in this country, which tend to enhance the natural results.

Thus we see that in the Central Provinces where famine conditions prevailed from the autumn of 1896 to that of 1897 the birth-rate was considerably below the normal from and including September 1896 to August 1898; that is to say until some 10 months after the first good harvest. Moreover, although the birth-rate is abnormally low throughout this period, we find it lowest of all in the last 10 months thereof, *viz.*, after the return of prosperity, but before its effects can be exhibited in the birth-rate. The birth-rate for the actual famine period was 28·5, while it was only 19·5 for the eleven months immediately following, October 1897 to August 1898, an annual rate of only 21·3 against the decennial mean (before the famine) of 37·9.

In September 1898 it was about normal, but in October, and thence on throughout the year 1899, it was consistently above the normal with little or no fluctuation until we get to the last two months, the rates for which more nearly approached the mean. The monthly death-rate however, in great excess throughout the famine period, fell to about the mean in January 1898, and to below the mean in February where it remained throughout the whole of that year.

Again in the other province chiefly affected, *viz.*, the North-Western Provinces, where famine prevailed during a similar period over a large, but not the whole area, the birth-rate shows an extraordinary bound in August 1898, some 10 months after the first good harvest, and the excess over the normal mean is maintained consistently throughout the rest of that year and throughout 1899. The death-rate, high throughout the famine period, fell to normal in January 1898 and was consistently below the mean throughout that year.

It is true that in certain selected districts which have been severely stricken by famine, the birth-rate after recovery, shows a higher proportional rise than that of others more fortunately situated, but this is exceptional and does not apply to all famine districts; moreover, these districts never show the highest birth-rates, and districts affected only indirectly by high prices and withdrawal of grain supplies share in the general rebound exhibited by the birth-rate, if not always, yet often to as large an extent. It is impossible to appraise exactly all the factors at work in the case; a tide of immigration often sets in towards a distressed area owing to liberal relief works, etc., but if what has been said here on the whole subject be accepted, there will be no difficulty in understanding why the rebound in the birth-rate when it occurs should be proportionally higher in the affected tracts.

It is not therefore difficult to understand that in prosperous years following famine the death-rate will be comparatively low and the birth-rate correspondingly high, and that there will be a larger natural increase of the population than in what are called normal years. The weaklings, the old and the very young have to a large extent died off, and this leaves a more resistant population, with fewer unproductive members to support; the life of the community is resumed under more favourable auspices, its future fortunes, under present social and economic conditions, depending chiefly on the process of the seasons.

It can be asserted with confidence that one of the chief physical factors affecting the birth-rate in India is the relative abundance or scarcity of the common food staples. This is strikingly demonstrated if the market prices of the latter in almost any area are plotted upon a scheme in association with the birth-rates of the corresponding subsequent years. A fall in prices is almost invariably followed by a rise in the birth-rate, and conversely; and although every petty fluctuation of the former may not find a corresponding expression in the latter, and although the effect may not always bear an exact proportion to the cause, yet both marked and sustained movements in prices invariably yield the results indicated. Moreover, when we distinguish the special local areas in a province which are associated with the highest and lowest birth-rates over a series of years, we generally find that the common food staples have been respectively more or less abundant. Of course social customs, *e.g.*, age at marriage, widow re-marriage, polygamy, etc., and economic conditions involving tides of emigration and immigration have a marked effect in modifying the general procession of the birth-rate, but in populations under approximately equal conditions in these and other respects, the quantity of food available appears to determine in largest measure, the natural increase or decrease of the people. When, however, we come to compare different geographical and racial areas, the relation is not so obvious, and other complicating factors intervene (see p. 110). As regards marriages among Hindus, which take place under religious sanction in certain propitious months, it can be said that occurring as these do chiefly from the middle of November to the middle of March and from the middle of April to the middle of July*, one would expect the highest monthly incidence of the birth-rate in the period from August to April, inclusive, while the curve should be at its lowest in May, June and July, and this indeed is the almost universal case under normal conditions.

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* The months of Sawan, Bhadon, Asoj and Kartik (from middle of July to middle of November) are unpropitious for marriages.

Births.

93. The following statement furnishes a brief epitome of the birth statistics in 1898 and 1899, showing the numbers of the urban and rural populations under registration; the numbers of children born, the millesimal birth-rates, with the average rates of the previous five years; and the percentages of male to female births.

Birth Statistics.

PROVINCE.		Number of municipalities and towns in which births were registered.	Number of rural circles in which births were registered.	POPULATION UNDER REGISTRATION.			Total number of births registered.	Ratio of births per 1,000 of population.	Highest birth-rate in any one district.	Lowest birth-rate in any one district.	Number of males born to every 100 females born.	Excess or deficiency of births compared with deaths.	Mean ratio of births per 1,000 during previous 5 years.
				In municipalities and towns.	In districts, excluding towns.	Total.							
Bengal ...	1898	151	559	3,452,892	67,616,725	71,069,617	2,542,701	35·79	43·59	13·98	106·	+ 9·22	35·61
	1899	152	560	3,461,183	67,608,434	71,069,617	3,053,178	42·96	53·28	16·14	105·	+11·75	35·63
Assam ...	1898	21	60	106,397	4,914,687	5,021,084	147,889	29·46	38·18	18·66	107·65	— 6·69	31·70
	1899	23	64	109,224	4,941,366	5,050,590	179,027	35·45	41·43	21·01	106·03	+ 4·44	31·58
North-Western Provinces and Oudh.	1898	98	1,216	3,221,272	43,683,519	46,904,791	1,751,725	37·35	53·93	25·99	108·05	+ 9·97	36·41
	1899	460	851	3,236,425	43,668,366	46,904,791	2,255,627	48·09	63·48	28·07	107·43	+14·90	35·69
Punjab ...	1898	150	448	2,010,390	18,551,934	20,553,982*	841,869	41·0	53·8	21·8	110·4	+ 9·9	41·7
	1899	150	454	2,010,390	18,551,934	20,553,982*	994,001	48·4	69·1	21·7	109·6	+18·8	42·9
Central Povinces†	1898	73	163	816,417	8,684,984	9,501,401	284,176	29·91	45·54	22·18	106·69	+ 5·61	33·80
	1899	73	161	816,417	8,684,984	9,501,401	449,895	47·35	60·06	38·58	105·35	+19·26	32·14
Berar ...	1898	38	67	356,002	2,496,823	2,852,825	89,414	31·3	33·6	28·4	105·2	+ 7·9	37·6
	1899	38	67	356,002	2,496,823	2,852,825	144,034	50·5	54·3	45·8	106·4	+10·6	36·0
Madras ...	1898	93	181	2,538,033	30,710,147	33,248,180	911,742	27·4	41·5	18·6	104·3	+ 6·4	28·5
	1899	93	181	2,538,033	30,987,761	33,525,794	1,048,335	31·3	40·5	22·3	103·9	+11·2	28·6
Coorg ...	1898	5	5	15,511	157,544	173,055	2,795	16·15	19·05	11·58	107·34	—15·28	24·18
	1899	5	5	15,511	157,544	173,055	4,427	25·59	32·53	21·07	95·80	— 2·42	23·16
Bombay ...	1898	63	220	2,304,373	16,515,973	18,820,346	582,371	30·94	42·33	13·08	108·19	+ 1·78	35·28
	1899	63	220	2,304,373	16,515,973	18,820,346	685,348	36·42	52·85	12·88	108·01	+ 0·70	34·41
Lower Burma ...	1898	34	196	582,692	3,928,005	4,510,697	153,838	34·11	45·24	18·77	109·	+ 8·	29·36
	1899	33	193	579,606	3,881,421	4,461,027	165,229	37·04	46·08	17·55	108·	+10·	30·97

* Excluding Europeans and Eurasians.
† Excluding Zamindaris of the Chhattisgarh Division.

In 1899 the highest birth-rates were registered, in Berar 50·5 per mille, the Punjab 48·4, the North-Western Provinces and Oudh 48·09, and the Central Provinces 47·35. Bengal follows with 42·96 per mille. The lowest rates were, as last year, those returned by Assam, 35·45, Madras 31·3, and Coorg 25·59.

Not only were the birth-rates recorded in 1899 higher in every province than those of the preceding year, but the increase, large in most instances, is in some cases quite phenomenal; for instance, in Berar it amounted to over 19 per mille; and in the North-Western Provinces to nearly 11 per mille. In the aggregate no less than 1,670,491 more births were registered all over British India in 1899 than in 1898, and the excess over the number for 1897 was actually 1,773,794. In view of the remarks with which this section is prefaced, the subject requires no further discussion; these extraordinary results must be read in the light of the restored prosperity of the people and of the low death-rate, indicating the generally higher standard of health, which marked the previous year. In only one area, *viz.*, in the small province of Coorg, were the recorded births less numerous than the deaths, but there are special local conditions, which will be alluded to later, to account for this.

The percentage of male to female births ranged from 109·6 in the Punjab and 108·09 in Bombay to 103·9 in Madras and 95·8 in Coorg.

94. The next statement gives details of the mortality in the different provinces in 1898 and 1899.

Deaths.

Death Statistics.

Province.		Number of municipalities and towns in which deaths were registered.	Number of rural circles in which deaths were registered.	Population under registration.			Number of deaths registered.			Ratio of deaths per 1,000 of population.			Highest death-rate.		Lowest death-rate.		Mean death-rate during previous 5 years.			Number of deaths of males to every 100 deaths of females.
				In municipalities and towns.	In districts, excluding towns.	Total.	In municipalities and towns.	In districts, excluding towns.	Total.	In municipalities and towns.	In districts, excluding towns.	Total.	In municipalities and towns.	In districts, excluding towns.	In municipalities and towns.	In districts, excluding towns.	In municipalities and towns.	In districts, excluding towns.	Total.	
Bengal ...	1898	151	559	3,452,892	67,616,725	71,069,617	94,980	1,793,483	1,888,468	27·50	26·52	26·57	52·84	41·50	9·98	15·29	34·15	32·23	32·32	117·
	1899	152	560	3,461,183	67,608,434	71,069,617	114,593	2,103,650	2,218,243	33·10	31·11	31·21	69·18	50·91	12·07	19·93	33·56	31·91	31·99	113·
Assam ...	1898	21	60	106,397	4,914,687	5,021,084	4,260	177,267	181,527	40·04	36·07	36·15	67·39	47·32	20·54	25·49	44·54	36·15	36·53	115·90
	1899	23	64	109,224	4,941,366	5,050,590	4,073	152,522	156,595	37·29	30·87	31·01	76·79	44·41	9·23	22·93	45·01	37·33	37·50	117·09
North-Western Provinces and Oudh.	1898	98	1,216	3,221,272	43,683,519	46,904,791	107,619	1,176,700	1,284,319	33·41	26·94	27·38	48·92	42·31	16·93	18·82	40·38	33·42	33·90	109·77
	1899	460	851	3,236,425	43,668,366	46,904,791	126,366	1,430,455	1,556,821	39·04	32·76	33·19	62·70	42·04	20·32	21·17	41·12	34·07	34·56	110·45
Punjab ...	1898	150	448	2,010,390	18,551,934	20,553,982*	66,439	571,685	638,124	33·05	30·82	31·05	53·86	40·10	13·38	16·90	35·36	30·85	31·30	107·1
	1899	150	454	2,010,390	18,551,934	20,553,982	65,492	542,233	607,725	32·58	29·23	29·57	44·90	41·98	12·07	15·94	35·31	31·50	31·89	107·2
Central Provinces.†	1898	73	163	816,417	8,684,984	9,501,401	22,552	208,355	230,907	27·62	23·98	24·30	55·66	35·35	14·00	19·63	45·92	43·89	44·06	113·11
	1899	73	161	816,417	8,684,984	9,501,401	27,852	239,078	266,930	34·11	27·53	28·09	70·28	46·06	15·92	22·48	46·23	43·11	43·38	118·51
Berar ...	1898	38	67	356,002	2,496,823	2,852,825	9,086	57,720	66,805	25·5	23·1	23·4	34·7	24·6	15·6	20·3	not stated.	44·2	44·2	112·9
	1899	38	67	356,002	2,496,823	2,852,825	15,178	98,814	113,992	42·6	39·5	39·9	55·8	51·5	28·8	30·5	42·9	42·3	42·3	111·8
Madras ...	1898	93	181	2,538,033	30,710,147	33,248,180	75,672	623,436	699,108	29·8	20·3	21·0	45·2	29·2	8·1	14·8	29·1	20·3	21·0	106·3
	1899	93	181	2,538,033	30,987,761	33,525,794	73,932	601,162	675,094	29·1	19·4	20·1	58·2	30·1	7·4	13·3	29·3	20·6	21·3	103·4
Coorg ...	1898	5	5	15,511	157,544	173,055	648	4,792	5,440	41·78	30·42	31·44	73·76	38·92	19·88	24·13	38·75	30·31	31·07	130·50
	1899	5	5	15,511	157,544	173,055	553	4,292	4,845	35·65	27·24	28·00	49·47	34.64	21·64	20·97	39·87	31·56	32·36	129·62
Bombay ...	1898	63	220	2,304,373	16,515,973	18,820,346	110,336	438,489	548,825	47·88	26·55	29·16	106·77	64·76	9·09	9·95	37·89	31·09	31·92	111·06
	1899	63	220	2,304,373	16,515,973	18,820,346	147,705	524,564	672·269	64·09	31·77	35·72	228·77	46·67	10·35	11·79	41·45	31·04	32·31	112·00
Lower Burma	1898	34	196	581,692	3,928,005	4,510,697	19,286	98,570	117,856	33·10	25·09	26·13	43·39	32·05	17·38	17·06	29·67	22·63	23·52	130·
	1899	33	193	579,606	3,881,421	4,461,027	19,973	101,798	121,771	34·46	26·23	27·30	59·09	32·98	15·44	20·37	30·63	23·47	24·40	129·

* Excluding Europeans and Eurasians.

† Excluding Zamindaris of the Chhattisgarh Division.

The highest death-rates registered were 39·9 in Berar, 35·72 in Bombay and 33·19 in the North-Western Provinces and Oudh; and the lowest were 28·0 in Coorg, 27·3 in Lower Burma and 20·9 in Madras.

As compared with the previous year, which was an extraordinarily healthy one, the death-rates in six of the provinces were higher, the most marked rise being recorded in Berar, with the large increase of 16·5 per mille; but in four provinces, *viz.*, in the Punjab, Madras, Assam and Coorg the rates were even lower than in 1898. In only two areas, namely, in Bombay and Lower Burma, were the rates higher than the quinquennial averages; in the former, the increased prevalence of plague and the failure of the autumn harvest account for the increased mortality, and in the latter most, if not the whole, of the rise may fairly be attributed to improved registration.

In every province the urban death-rates were higher than the rural, and the contrast is very marked in Bombay and Madras.

The urban rates were as in the case of the combined death-rates, higher than in 1898, save in the four provinces in which the recorded mortality decreased in the year under review, and the same remark applies to the rural death-rates.

The following Table exhibits the monthly distribution of the mortality throughout the year.

Statement showing deaths from all causes, according to months, in the different Provinces of India during the year 1899.

Provinces.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Ratio of deaths per 1,000 of population.	
														1899.	1898.
Bengal	198,659	136,104	145,261	161,255	179,945	132,632	156,539	186,752	174,288	244,253	256,785	247,770	2,218,243	31·21	26·57
Assam	14,555	12,350	12,126	11,309	12,716	11,744	11,108	11,460	11,710	13,673	16,708	17,136	156,595	31·01	36·15
North-Western Provinces and Oudh.	111,313	95,098	103,751	127,978	140,144	122,090	109,467	152,193	166,287	151,287	139,442	137,791	1,556,821	33·19	27·38
Punjab	54,278	45,047	46,558	43,563	50,748	45,114	43.899	57,163	52,133	53,004	57,338	58,880	607,725	29·57	31·05
Central Provinces*	22,149	19,887	24,694	28,474	24,920	23,059	19,613	21,333	21,544	20,789	19,294	21,174	266,930	28·09	24·30
Berar	7,537	6,328	10,505	11,113	11,946	9,275	8,399	10,046	8,923	9,428	9,539	10,953	113,992	39·9	23·4
Madras	72,315	55,359	51,694	47,575	53,876	50,809	52,776	51,889	51,974	57,113	62,743	66,971	675,094	20·1	21·0
Coorg	376	335	334	319	394	550	586	436	435	345	312	423	4,845	28·00	31·44
Bombay	58,587	53,475	65,190	55,970	49,878	42,282	50,585	59,631	59,460	60,374	54,436	62,401	672,269	35·72	29·16
Lower Burma	8,287	8,386	9,440	10,008	9,570	10,709	12,678	11,932	10,380	10,460	10,024	9,897	121,771	27·30	26·13
Upper "	1,657	2,495	4,282	4,729	4,508	5,368	5,250	4,856	4,284	4,409	4,637	5,140	51,615	21·03	...
Ajmer-Merwara	1,362	1,470	1,852	1,511	1,460	943	1,028	1,554	1,059	1,262	1,745	2,767	18,013	33·21	22·14
Mysore	10,072	7,851	6,862	6,130	6,359	6,002	6,521	6,226	5,994	6,459	7,292	8,166	83,934	17·33	19·93
Total	561,147	444,185	480,529	509,934	546,464	460,577	478,449	575,471	568,471	632,856	640,295	649,469	6,547,847	29·95	27·13

* Excluding zamindaris.

The figures for each provincial area must of course be studied separately and in connexion with the meteorological data, but speaking generally of the mortality as a whole, it was higher in every month of the year when compared with 1898, the excess being most marked in the months of May and August. A feature of the year under review is the exceptional incidence upon the last quarter, probably attributable to the early failure of the monsoon and the sudden rise in the prices of the common food-grains and the presence of famine in several areas.

The following paragraphs contain a summary of the more important figures reported from the different provinces.

Bengal.

95. The total number of births registered in Bengal in 1899, was 3,053,178 or 509,477 more than in 1898, and the figures are notable as being by far the largest hitherto recorded in the sanitary history of the province. The millesimal ratio calculated on the census population of 1891, which had declined from 38·03 in 1896 to 36·94 in 1897 and to 35·79 in 1898, rose to 42·96, which is 7·33 per mille higher than the mean of the quinquennium ending with 1898. Making every allowance for the error involved by the calculation of the rate on an obsolete census figure and for the effect of more complete registration, of which there is indubitable evidence, this increase is doubtless due to the return of prosperity owing to the occurrence of two good harvests in succession, together with the exceptional healthiness of the year 1898. "With the disappearance of famine, which led to the breaking up of families and to the emigration of the males of the poorer classes in search of employment, there was a return of these to their homes during 1898 which happily was a year of plenty." The exceptionally high birth-rate which was a marked feature of the last four months of that year, was maintained throughout 1899, the excess over the monthly averages being greatest in the first five months.

The figures recorded for the period from September 1898 to May 1899 give a birth-rate of 35·05 per mille which is at the rate of 46·7 per annum, although three of the months included are those in which the birth-rate is normally at its lowest. Further, the corresponding period of extraordinary conceptions must naturally be taken to be that from December 1897 to August 1898, and from figures given in the Sanitary Commissioner's report we find that period to have been one of extraordinary low death-rate, *viz.*, 23·07 per mille, against a mean of 25·94 for the eight year period 1892—99 for the same months. There can be little doubt that the broad facts available lend support to the view that the return of large numbers of married males to their homes late in 1897 and in the early part of 1898, to find food cheap and abundant and to enjoy a period of exceptional immunity from disease, affords the best explanation of the phenomenal birth-rate of the year under review. At the same time the last word on a problem which has so long exercised vital statisticians has not been spoken, when it is sought to connect a high birth-rate with a corresponding low death-rate during the period of conception, and with the nature and amount of the food available for the population generally. This is a view held by the Sanitary Commissioner, who appeals to the monthly birth and death-rate curves of his own province and to the records of the Punjab, the North-Western Provinces and the Central Provinces which have consistently held the first places as regards birth-rates, which he attributes to their "salubrious climate and comparatively nutritious dietary."

The most striking feature of the birth-rate when plotted month by month upon a scheme is the great and sudden rise in October followed by a consistently high-rate in the succeeding winter months up to, and including, March but excluding February; the April—September period being one of comparative depression with the minimum in June. The death-rate curve is very similar; a considerable rise in October, reaching its summit in November and December but still above the average till April (again excluding February), it is below the average from May to September with the minimum in June. It is manifest therefore that the curves run parallel in a notable degree, and if the birth-rates be plotted against the death-rates of the nine months antecedent, *e.g.*, the October birth-rate against the January death-rate and so on in respective sequence, we do not find that the curves are consistently farthest apart, as they should be on the view put forward.

But, on the contrary, it may safely be said that whatever be the causes which determine the fecundity of a population, and health is, *caeteris paribus* admittedly one, the death-rate, as regards India, rather depends on the birth-rate than *vice versâ.* One-fourth of all deaths registered are among children under one year of age; infants are the most susceptible to all the conditions connoted by the term "seasonal influence," and the high birth-rate in the autumn and winter, the most unhealthy period, is accompanied by the deaths of enormous numbers of weak lings.

It is also doubtful whether the cause of the differences in the birth-rates, *when the different provinces are compared*, can be referred to the respective amounts and qualities of the dietaries or to the climatic conditions. The divisions of Behar which approximate closely in these respects to the North-West Provinces do not yield the highest birth-rates in Bengal, and in the case of the Central Provinces, cited in this connexion, we find that those areas in which the staple dietary is very similar to that of Bengal have a higher birth-rate than those which resemble the North-West Provinces in this respect. Certain marked local sociological characteristics have an influence that cannot be overlooked.

The highest district birth-rates were 53·28, 50·53 and 50·18 registered respectively in Palamau, Gaya and Hazaribagh; and the lowest were, 31·99, 30·17 and 16·14 in the 24-Parganas, Hooghly and Calcutta, which held the same position on the list in the previous year. All the districts except Jalpaiguri, Rajshahi and Jessore show a considerable increase, thirty-two districts having returned a rate of over 40 per mille, against ten only in 1898.

The three exceptions mentioned show a trifling decline as compared with the previous year, but are well above the quinquennial mean. The causes of the low-rate in the Calcutta (urban) district, and of the comparatively lower rate in urban circles generally as compared with rural circles, were fully discussed in this report for 1898. Of a total of 151 towns, all but 31 returned a higher birth-rate in 1899 than in the previous year, and in only 73 did the death-rate exceed the birth-rate.

As regards rural areas, it is noticeable that as many as 247 returned a birth-rate in excess of 45 per mille, against only 50, 82 and 85 in the three preceding years respectively.

This is satisfactory, but at the same time it has to be recorded that in 16 instances the number of deaths exceeded that of the births. In most cases this is accounted for by an exceptionally high death-rate, but there are still a few in which registration must be at fault.

The provincial percentage of male to female births was 105, against 106 in 1898, and it varied from 117 in Hooghly to 102 in Hazaribagh, Ranchi and Palamau and three other districts; it will be remembered that in the former area the birth-rate was at its lowest, and in the latter places at its highest.

The total number of deaths registered was 2,218,243, as compared with 1,888,468 in 1898 which was the healthiest year since 1890; the death-rate calculated on the census population rose from 26·57 to 31·21 per mille, but the latter figure should obviously be compared with that for the quinquennial mean ending 1898, which stands at 31·99. The result bears out the view that, judged by the death-rate, the year 1899 ranks as one of comparative healthiness, especially when the natural increase of the population over that of the census figure is borne in mind. Although cholera is credited with 107,678 deaths during 1899, against 65,020 in 1898 the year of phenomenal immunity from this disease, yet the death-rate per mille was only 1·51 as compared with 2·53 the mean ratio for the previous quinquennium.

Again, the mortality from fevers which stood at the exceptionally low millesimal ratio of 19·97 in 1898, rose to 22·61 in 1899, but this again was 0·72 per mille lower than the mean ratio for the five preceding years. The excess of the number of deaths over the mean for the decade is due almost entirely to the heavier mortality among infants, a result which the extraordinarily high birth-rate would lead one to expect, but the infantile mortality figure works out at the comparatively low rate of 184 as compared with 173 in the previous year which stands out as the healthiest since 1890.

The death-rates from Small-Pox, Dysentery and Diarrhœa, and Injuries, show little variation from those recorded in the previous year, but there is an increase in the rate from "other causes" amounting to 1·31 and 1·53 per mille over that of 1898, and over the mean of the previous decade, respectively. The increase under this head was more notable in the urban than in the rural areas, and must be considered too large and too sudden to be altogether referable to improved diagnosis. The prevalence of plague renders it imperative to scrutinize closely any notable increase in the number of deaths classed under this anomalous and comprehensive heading, in view of the well-known practice of concealing the real cause of deaths from plague.

The highest district death-rates were recorded in Malda, 50·75, Faridpur, 45·44, and Murshidabad, 43·0; and the lowest in Manbhum, 20·24, Sonthal Parganas, 20·15 and Singhbhum, 19·97. In rural areas the average rate was 31·11 against 33·10 in towns, among which the rates varied from 69·18 in Puri, the well-known pilgrim resort where cholera accounted for 33·34 per mille of the total mortality, and 53·42 in Bhadreswar, where the deaths attributed to fevers and dysentery accounted for four-fifths of the total, to 12·87 in Raghunathpur and 12·07 in Maniktala, which were also at the bottom of the list last year. Fever was extremely prevalent in the towns of Sherpur, Nator, Jangipur, English Bazar and Rampore Baolia, and this cause alone carried off 41·91, 36·90, 40·33, 33·21 and 33·91 per mille of the population in these places respectively. No less than 11 rural areas returned a death-rate in excess of 60 per mille, and this also is attributable to the excessive mortality from fever in the Murshidabad, Darjeeling (Terai), Faridpur and Malda districts, the general health in Murshidabad and Malda being the worst ever recorded.

Among the various sects, Muhammadans had the highest death-rate, 34·92 per mille, which is 5·26 per mille in excess of the decennial mean for that sect, and this is to be largely attributed to the fact that the Musalman population far outnumbers the Hindus in the districts just alluded to, and in some others such as Jessore, Rajshahi, Dinajpur, Pabna and Dacca where the mortality was at its highest.

The death-rate among Hindus was 29·87, while that for Christians was 22·81, followed by 20·91 for "other classes," and 19·85 for Buddhists. These rates are higher than those returned in the previous year, save in the case of Buddhists, which shows a decline of 5·76 per mille and this is attributed to the exceptional healthiness of the Chittagong district during 1899, a district where more than half the Buddhist population is located.

The seasonal incidence of mortality presented no important features of deviation from the usual curve.

Male infants died at the rate of 272·64 per mille against 215·65 in 1898, and female infants at the rate of 221·01 against 170·28, but the infantile mortality figures which are more reliable, as calculated on the registered number of births rather than on the obsolete census figures, are 194·15 and 175·05 for males and females, respectively, as compared with 183·41 and 162·75 in the previous year. The rates among boys and girls of over one and under five, also show a considerable increase over those of 1898, *viz.*, 45·35 and 38·93 against 37·18 and 31·23 per mille respectively. As usual the male death-rates were higher than those returned for females at all age-periods, the averages being 33·33 and 29·10 for males and females respectively.

Port of Calcutta.

96. The number of European seamen who arrived in the Port during 1899 was 19,647, the daily average population being 1,200, or 32 less than in 1898.

The total number of deaths among them was 60, equal to a death-rate of 50·0 against 22·72 per mille in 1898; the death-rate is indeed the highest recorded since 1894, and 8·33 per mille of the total were attributed to cholera.

Among the native floating population of the Port, estimated at 25,630, there were 125 deaths reported, equal to a death-rate of 4·87 per mille, as compared with 4·76 per mille in 1898.

Assam.

97. The vital statistics of the Naga Hills and the Garo Hills districts, hitherto treated separately, have been incorporated in the general statistics of the province: there still remain certain outlying parts of these mountain areas, the estimated population of which

is 426,243, in which registration still awaits introduction. Taking the province as a whole, the number of births recorded in 1899 was 179,027, against 148,956 in the previous year, and the birth-rate rose from 29·49 to 35·45 per mille the highest on record. The highest district rates were returned from Goalpara (41·43), Garo Hills (41·23), Cachar (39·35), Sylhet (38·02) and Lakhimpur (37·72); and at the other end of the scale come Nowgong (21·01), Khasi and Jaintia Hills (21·51) and Kamrup (31·05), following the usual order which has been maintained during the past few years. There is still evidence of defective registration, especially in the Brahmaputra valley, where the recording agents are unpaid village head-men, and the figures for the districts of Kamrup and Nowgong and of several of the *Sadr* towns are particularly open to suspicion. The average percentage of male to female births fell from 107·65 to 106·03, and ranged from 133·33 in the Naga Hills to 92·38 in the Khasi and Jaintia Hills.

The total number of deaths recorded, which was 182,763 in 1898, fell to 156,595 and the rate per mille from 36·17 to 31·01, or 6·49 per mille below the quinquennial mean. Among the districts, the highest rates were 44·86 in Darrang, 38·88 in Goalpara and 35·56 in the Garo Hills; and the lowest were 23·58 in Kamrup, 24·96 in the Khasi and Jaintia Hills and 25·29 in Cachar. In rural areas the average death-rate was 30·87 per mille against an average in the towns of 37·29, and among the latter, the rates ranged from 76·79 in Tezpur (Darrang) and 62·65 in Gauhati (Kamrup), to 16·0 and 9·23 in Jowai and Shillong and in the Khasi and Jaintia Hills, respectively.

Hindus died at the rate of 27·43 per mille, followed by Christians (30·14) and Muhammadans (32·36); while "other classes" who numbered 520,168 at the census of 1891, yield the highest death-rate, 47·92.

This latter figure would doubtless be largely modified if account were taken of immigration, but the enormous death-rates returned among "other classes" in Cachar (121·41) and Sibsagar (116·12) are far from satisfactory and demand enquiry, if only in the form of some attempt to estimate the true population at inter-censal periods by taking account of the annual influx of immigrants.

Male infants died at the rate of 200·28 and female infants at the rate of 175·89 per mille calculated on the census figures of 1891; the infantile mortality rate, for both sexes combined, was 186·45, and ranged from 296·46 in Goalpara, where registration is at its best, to the absurd figure of 17·86 in the Naga Hills, and of 96·32 in Lakhimpur. Boys and girls of over one and under five years are credited with death-rates of 29·52 and 27·77 respectively, and there is a decrease in the rates at all age periods corresponding to the lower general mortality. At all age periods, save 15—30, the male rates were the higher, the averages being 32·35 for males and 29·52 for females.

North-Western Provinces and Oudh.

98. Following on the exceptionally healthy year 1898, the chief feature of the vital statistics of the North-Western Provinces and Oudh is an extraordinarily high birth-rate, with a death-rate which although in excess of the previous year, was still below the quinquennial mean. The total number of births recorded in 1899 was 2,255,627 against 1,751,725 in the previous year, giving a birth-rate, the highest on record, of 48·09, as compared with 37·35 in 1898 and with 35·69 the average for the previous five years. While the districts, which under ordinary conditions exhibit the greatest fecundity, maintain their pride of place, the most astonishing increase in the birth-rate during the year under review is recorded of many of the areas which were stricken with famine in 1897; for example, one district Banda which yielded a rate of 13·76 in 1897 shows the enormous advance to 41·52 in

1899. Still it is among the western districts that as usual we find the actually highest rates ; Bulandshahr with 63·48, Etah with 61·14, Budaon with 59·24 as in previous years ; while the lowest were registered in Naini Tal, 28·07, Dehra Dun, 29·70 and Jaunpur, 36·52, and on the whole the eastern districts are marked by the tendency to return the lowest rates. In every district save two, *viz.*, Naini Tal and Dehra Dun, births were more numerous than deaths, the excess of the former on the combined provincial rates amounting to nearly 15 per mille. The municipal birth-rate averaged 47·24 per mille against 36·44 in 1898, with variations ranging from 67·99 in Kandhla to 11·58 in Mussoorie, where there is a large excess of adult males in the population.

The percentage of male to female births, which in 1898 was 108·05, fell to 107·43, and ranged from 120·68 in Dehra Dun to 100·40 in Garhwal.

The total number of deaths recorded was 1,556,821 or 272,502 more than in 1898, giving ratios of 33·19 and 27·38, respectively, against a quinquennial mean of 34·56, a result which must be regarded as indicating a comparatively fair general standard of health, considering the large number of births and the high mortality among infants. The highest district death-rates were recorded in Mainpuri (41·93), Etah (41·75) and Farukhabad (40·69), and the lowest in Banda (21·24), Hamirpur (24·11) and Gorakhpur (25·01). The urban death-rate was 39·04 against 33·41 in 1898, and that for rural areas 32·76 against 26·94 in the previous year. In 18 out of the 104 municipalities the deaths exceeded the births in number, as compared with 31 in 1898 and 76 in 1897, which suggests a higher standard of health and more complete registration.

Among the various sects, Hindus had the highest death-rate, 33·52, followed by Muhammadans with 31·55 ; the recorded rate for Christians, 11·62, and for "other classes," 18·36 are open to suspicion, on account of the extraordinary variations in the rates returned by different districts, and probably many deaths among both classes are attributed to Hindus. The highest monthly death-rates occurred in September, August, October, November and December, the incidence being earlier than usual ; the monthly birth-rates follow generally in the same order. The lowest death-rates occurred in February, March, July and January, and the lowest birth-rates in June, May, July and February.

Among male infants the death-rate was 336·13, and among females 310·10, against 227·74 and 210·46 in 1898, respectively. But the rates calculated on the number of births recorded during the year were 238·83 for boys and 231·14 for girls or a combined infantile mortality rate of 235·13. The mortality among children between one and five years, which was 44·63 per mille for boys and 44·48 for girls in 1898, rose to 56·21 and 55·01 respectively in 1899. At all the age periods, save 15 to 30 inclusive, males died at a higher rate than females, the average for the former being 33·62 per mille, and for the latter 32·73.

Punjab.

99. The number of births registered in the Punjab in 1899 was 994,001, a birth-rate of 48·4 per mille on the census population of 1891. This rate is the highest recorded either in the Punjab or in any large province of India, save that for the Central Provinces in 1881 when a rate of 48·94 per mille was returned. In 1898 the number of births recorded was 841,869, so that during the year under review, there was an increase of 152,132, and a rise in the rate amounting to 7·4 per mille ; and as compared with the quinquennial mean, the rise was 5·5 per mille. In the district of Jhang the extraordinary birth-rate of 69·1 per mille was recorded, and this is attributed to the influx of large numbers of people in consequence of the opening of the Chenab Canal Colony ; even when an approximate calculation of the present population

of the district is made to include recent immigrants, the birth-rate works out at 61·9. In 12 other districts the birth-rates ranged from 61·2 to 50·3, and this extraordinary record is attributed to the employment of the census population figure of 1891, to the general healthiness of the preceding year, and to improved registration. At the other end of the scale we find four districts only in which the birth-rate was below 40 per mille, *viz.*, Simla (21·7), Peshawar (30·4), Kangra (36·4) and Hazara (36·8). In Simla the low-rate is well accounted for by the abnormal sex distribution of the population, and as regards the frontier districts which invariably occupy a low place in the birth tables, there can be no doubt that registration is still defective, for the death-rates are also comparatively low, and the Pathan is recognized as being averse to notifying domestic occurrences.

The percentages of males born to females, which in 1898 was 110·4, fell to 109·6 and ranged from 122·6 in Dera Ghazi Khan to 105·4 in Simla.

The number of deaths registered in 1899 was 607,725 against 638,124 in the previous year, giving death-rates of 29·57 and 31·05 per mille respectively, as compared with the quinquennial mean of 31·9. The highest rates were returned from Jhang (41·6), Karnal (35·3) and Gurgaon (35), and as regards the first the comparatively high mortality recorded is attributed to prevalence of malarial fever due to irrigation, and to an underestimated population figure on which the ratio is calculated. The lowest death-rates were registered in Montgomery (20·3), Dera Ghazi Khan (21·7), Simla and Hazara (both 22·6) ; the rate recorded for Montgomery is suspiciously low and the fact that the infantile mortality figure is only 183 against an average of 207 for the province, is significant of defective registration, which is also recognized as a factor to be taken into account in considering the low rates recorded in the frontier districts. The average death-rate returned by rural circles was 29·23 against 32·58 by the towns, in which rates ranged from 44·90 in Kaithal (Karnal) and 44·80 in Muzaffargarh to 12·07 in Kulachi (Dera Ismail Khan) and 13·83 in Abbottabad The average rate for the principal towns was 34 per mille, as in 1898, the lowest figure recorded since 1889, and 5 per mille less than the average of the previous ten years.

Among the various sects, by far the highest rate, as usual, was returned against "other classes", *viz.* 138·45, a very great rise over the figure for the previous year (79·61), but the population did not exceed 6,067 in 1891, and apart from errors due to a probable large increase, of which no account is taken in calculating the ratio, and to erroneous registration, the rate is greatly enhanced by the inclusion of 921 deaths from cholera among immigrants from Bikanir, whose religion could not be ascertained. Hindus had a death-rate of 30·72, practically the same as in 1898 ; the rate for Muhammadans was 28·55 against 31·19 in 1898 ; and that for Christians, 18·23 against 19·54.

The seasonal incidence of mortality presented no exceptional features, the highest death-rates were recorded in December, November and August, and the lowest in April, July, June and February.

Male infants died at the rate of 230·88 per mille and females at the rate of 229·01, compared with 215·19 and 210·09 respectively in 1898. The combined infantile mortality figure, calculated on the births recorded during the year, was 207, and with the wide range from 303·7 in Simla District to 156 in Peshawar District. Children between 1 and 5 years died at the rates of 47·97 and 51·27 per mille, against 63·04 and 68·57, respectively, in 1898. At all age periods, save those of infancy and between 40 and 60 years, the female death-rates were the higher, the averages being 28·49 per mille for males and 30·82 for females : this relation of the mortality of the sexes is quite exceptional and contrasts notably with the Bengal returns.

Central Provinces.

100. The main features of the vital statistics of the Central Provinces are the extraordinary birth and death-rates when the figures of the last 3 years are compared. Excluding the Zamindaris the figures for which have only been reported for the last two years, we find a birth-rate rising from 26·83 per mille in 1897 to 29·91 in 1898 and 47·35 in 1899; a death-rate falling from 69·34 in the first year, to 24·3 in the second and rising again to 28·09 in the third year.

In 1898 the number of births recorded was 284,176, a ratio per mille of 29·91, and the figures rose in 1899 to 449,895 and 47·35 per mille, respectively. The extraordinary upward bound exhibited by the monthly rates in September 1898, was fully maintained throughout the year under review, and reached its acme in April and August, in each of which months over 40,000 births were recorded, equal to an annual rate of over 50 per mille on the census population. It is necessary to go back to 1881, when the birth-rate returned was 48·94, to find a record of fecundity at all approaching that of 1899, which was 11·64 higher than the decennial mean, and taken along with the comparatively low death-rate, one may entertain the hope that the figures indicate a return of prosperity and a remarkable recovery from the effects of the famine of 1897.

As compared with the previous year, the increase has been fairly distributed over all the districts, the highest rates being returned from Burhanpur (60·06), Nimar (58·59) and Chindwara (54·78); and the lowest from Saugor (38·58), Hoshangabad (42·04), Balaghat (42·88) and Narsingpur (43·34). In every district there was an excess of births over deaths, the average excess for the *Khalsa* amounting to 19·26 per mille; the rate recorded in rural circles was 47·56 against 44·64 in the municipal towns. The percentage of male to female births was 105·29, and ranged from 111·68 in Murwara to 101·63 in Chhindwara.

The total number of deaths registered which was 230,907 in 1898 (24·30 per mille) rose to 266·930, a ratio of 28·09 per mille in 1899, compared with 43·38 the quinquennial mean. Among the districts the highest rates registered were 46·15 in Burhanpur, 45·16 in Nimar, 33·28 in Wardha, and 32·86 in Chhindwara, and the lowest were 23·05 in Bilaspur, 23·17 in Saugor and 23·91 in Mandla. In rural areas the average rate was 27·53 per mille as compared with 34·11 in the towns, where the death-rate ranged from 70·28 in Arung (Raipur), 62·50 in Katol (Nagpur) and 59·54 in Arvi (Warda), to 15·92 in Saugor Cantonment, 16·05 in Rajim (Raipur) and 16·29 in Rehli (Saugor).

The seasonal incidence of disease as indicated by the monthly death-rates exhibited a marked variation from the normal; the highest rates were recorded during the first six months and the mortality curve reached its highest points in April and March, falling thereafter to July, and showing little variation throughout the rest of the year, where it maintained a line considerably below the normal. The Sanitary Commissioner throws no light on this exceptional seasonal incidence, but it is apparently due to the abnormal mortality from "fevers" in the earlier months, with an exceptional immunity therefrom in the autumn, the latter fact being possibly associated with an abnormally light total rainfall and its early cessation.

The death-rate among Hindus was, as in the previous year, the lowest, *viz.*, 25·46 per mille, Muhammadans following with 29·87, while that for "other classes," invariably the highest, was returned at 42·35.

The death-rate among infants, as calculated on the census population, was 416·94 per mille for males, and 350·11 for females, or nearly double the figures for 1898; but in a population that has passed through such vicissitudes during the last three years, this is eminently a case where it is necessary to take the ratios on the recorded births for the year. In this way the infantile mortality rate for the province works out at 229, ranging from 294·2 in Nimar District to 193·8 in Murwara District. It is a notable fact that four districts, Saugor, Damoh, Murwara and Nursingpur have a combined average infantile mortality rate of under 200, moreover in these same areas the urban birth-rate exceeds the rural, both facts pointing to defective registration. Children over one and under five years of age died at the rate of 25·85 and 21·02 per mille respectively, the mortality, so far as it can be judged by the figures, being slightly less than in the previous year. As is invariably the case in the Central Provinces, the male death-rates were higher at every age period, the average being 30·48, and for females 25·71 per mille.

Berar.

101. The number of births registered in Berar in 1898 was 89,414, a rate of 31·3 per mille, but in 1899 the enormous number of 144,034 births was registered, giving a rate per mille on the census population of 50·5, the highest on record for the area, and indeed for any Indian province; moreover, it was no less than 14·5 per mille in excess of the quinquennial mean. In the Akola District the rate was 54·3, and in Buldana 53·2 per mille, while the lowest rates were 45·8 and 48·6 per mille in Basim and Wun respectively. The previous year, judged by the low death-rate recorded (23·4), was exceptionally healthy, and with this was associated an abundant harvest and low prices for staple foods, and doubtless these were important factors in restoring those conditions of vitality on which fecundity depends. But there is reason to believe that the census population figure on which the rates are calculated is considerably below the actual number of the present inhabitants, which, apart from the natural increase, has probably been enhanced by immigration owing to hard times in neighbouring areas. The number of births recorded exceeded the deaths in every district, the largest excess being shown in Buldana, 15·6 per mille.

The average percentage of male to female births was 106·4, varying between 108·5 in Ellichpur to 105·4 in Buldana.

The number of deaths showed an equally remarkable rise, *viz.*, from 66,806, or a ratio per mille of 23·4, to 113,992, which is 39·9 per mille on the census population. The registered causes of mortality show an increase under all heads, save that of " small-pox ", and the increase was largest in the districts of Akola (25·7), and Ellichpur (21·3). The explanation of this remarkable rise in the death-rate as compared with the previous year is probably to be found in the prevalence of influenza, which was particularly fatal in March, April and May, and which not only accounts for the unusual seasonal incidence of the fever-mortality, but also probably explains the increase (6·8 per mille) in the death-rate from " other causes " over that of 1898; the excess of population over that of the census figure, and the extraordinarily high birth-rate were doubtless also factors, the former in rendering the ratio calculation fallacious, and the latter in providing a large number of infants to fall a prey to fatal disease. Akola with 50·8, and Ellichpur with 45·6, returned the highest death-rates; the lowest being attributed to Basim, with 35·5, and Wun with 30·9, the latter figure being probably due to defective registration. In rural areas the average death-rate was 39·5, against 42·6 in the towns, in which the extremes registered were 55·8 per mille in Shegaon (Akola) and 28·8 in Sendurjana (Amraoti).

As regards sects, the highest death-rate was attributed to "other classes," 44·4 per mille; Hindus followed with 40·0, Muhammadans with 36·4 and Christians with 27·1 per mille.

Male and female infants died at the rates of 392·5 and 337·1 per mille, against 194·8 and 168·8, respectively, in the previous year. The combined infantile mortality rate calculated on the births recorded, was 231·5 in 1899, but in one district (Wun) the figure returned is only 196·6, which supports the suggestion that registration needs attention. Children between one and five years of age died at the rates of 93·2 and 81·9 per mille respectively, a mortality just twice as high as that recorded in the previous year. At all the age periods, from 10 to 40 inclusive, the female death-rates were higher than those of males, but below and above these ages, the rates for males showed an excess; the averages at all ages being, for males 41·0, and for females 38·8 per mille.

Madras.

102. The notable features of the vital statistics of the Madras Presidency in 1899 are, as usual, the extraordinarily low birth and death rates and the wide range of variation not only between the figures recorded for urban and rural centres taken in the sum, but also between those of the different urban and rural centres when compared *inter se*.

The total number of births recorded in 1898 was 911,742, a ratio of 27·4 per mille, but the figures rose to 1,048,335 and 31·3 per mille in 1899, giving the highest rate ever recorded, and an advance of 2·7 per mille over that of the quinquennial mean. All but five of the 22 districts share in the increase, the highest rates being 40·5 in Kistna, 40·4 in Madras and 37·2 in Vizagapatam, and the lowest were 22·3 in Madura, 26·0 in Malabar and 26·4 in Nellore. The largest increase as compared with 1898 is found in the districts affected by famine in 1897, but still it is noted that the rates recorded in these were in some cases below their normal average. In rural areas the average birth-rate was 30·9 against 35·7 per mille in the towns, a relation which is exceptional and confined to this Presidency.

The percentage of male to female births was 103·9 against 104·3 in the previous year, and ranged from 107·6 in the Nilgiris to 100·1 in Anantapur.

The total number of deaths registered in 1899 was 675,094 or 24,014 fewer than in the preceding year, and the ratio per mille which had fallen to 21·0 declined still further to 20·1 or 1·2 per mille below the quinquennial average, the decrease being attributable to the diminished prevalence of cholera. The Sanitary Commissioner remarks that "it is hopeless to attempt, under existing circumstances of registration, to criticize the death-rates reported from districts. They may possibly sink to the almost certainly rediculous rate of 14·4 per mille in Ganjam, or rise to nearly 30 per mille in South Canara, without its being possible to state definitely what are the errors of omission or commission". But it is pointed out that "there is a tendency to ignore the deaths of infants," and this is borne out by an analysis of the infantile mortality rates in different areas. For example, Vizagapatam added 13·4 per mille to its birth-rate (23·8 in 1898 and 37·2 in 1899), and maintained a stationary death-rate (18·5), and yet the infantile mortality figure which was 115·4 in the former year rose merely to 117·9 in 1899 against the provincial average of 159·8. The Malabar district birth-rate rose by 7·4 per mille, but the death-rate fell by 2 per mille, and the infantile mortality figure likewise fell from 101·4 to 96·7. Again, the following figures are instructive:—

		Urban.	Rural.	Excess of urban.
Death-rate per mille	...	29·1	19·4	52 per cent.
Infantile mortality	...	223·9	159·8	40 per cent.

The neglect to register the deaths of infants doubtless accounts for much of the variation in the different death-rates recorded, though town-life is more unhealthy and registration at other age-periods more complete in urban circles, which is borne out by the fact that the death-rate from "other causes," which takes the leading place in the mortality figures, was no less than 17·4 per mille in urban and only 9·5 per mille in rural centres.

The local authorities have long recognized the necessity for measures for the improvement of registration, and one important result has been the passing of the "Registration of Births and Deaths Act," 1899, which is to be worked, at first, tentatively in selected rural areas; this is undoubtedly a very necessary and hopeful measure.

Among the different sects the highest death-rate was registered among "other classes," 23·6 per mille against 14·1 in 1898; Hindus followed with 20·3, Muhammadans with 18·6, and Christians with 16·3, showing little variation as compared with the previous year's figures.

The highest monthly death-rate was recorded in January (2·2) with a steady fall through February and March to the lowest figure in April (1·4); from May to September there was little variation (1·5 to 1·6); and from October came the usual steady rise, from 1·7 to 1·9 in November, and to 2·0 in December.

Male infants died at the rate of 158·0 per mille of the census population at that age, and females at the rate of 131·1; the infantile mortality calculated on the births has already been referred to. Children between one and five years of age died at the rates of 24·2 and 22·7 for boys and girls respectively. At all age periods, save those from 10—30 inclusive, males had higher death-rates than females, the average at all periods being 20·7 per mille for the former and 19·5 for the latter.

Coorg.

103. The feature of chief interest in the vital statistics of Coorg is the relation borne by the births to the deaths; in all but two years in the last decade, the latter have exceeded the former, and the explanation given is that more than one-third of the total population consists of immigrant coolies, who generally come without their families and who, while adding little to the births contribute largely to the death-rate. There can be no doubt that this explanation is correct to a large extent, though it is doubtful if it covers the whole of the deficit which the figures disclose. Under such circumstances, it is clear that the census figures of 1891 are not trustworthy, and the difficulty of arriving at safe conclusions is enhanced by the fact that registration is not compulsory. It has been decided to register henceforth the deaths among the immigrants separately from those of the indigenous population, and if this distinction be extended to the births, we may hope for a notable improvement in the fundamental basis of sanitary reform, especially if the proposal to enforce compulsory registration, now under consideration, be carried out.

The total number of births, which had fallen in 1898 to 2,795 a rate of 16·15 per mille, rose to 4,427 or 25·59 per mille, in 1899, which amounts to an excess of 2·43 over the average for the quinquennium. The rates in the various districts ranged from 32·53 per mille in Padinalknad and 26·86 in Nanjarajpatna, to 21·07 in Yedenalknad and 22·80 in Mercara; in only two of the five districts did the number of births exceed that of the deaths. The average birth-rate in the towns was 15·67 compared with 7·67 in 1898.

The percentage of males to females born which was 107·34 in the previous year fell unaccountably to 95·80, ranging from 106·64 in Nanjarajpatna, to 86·34 in Yedenalknad.

The number of deaths recorded fell from 8,658 in 1897 to 5,440 in 1898, and still further to 4,845 in 1899, and the death-rate from 50·03 to 31·44 and 28·0 in the three last years respectively; the rate for 1899 being 4·36 per mille below the previous five years' average. The district death-rates varied from 34·05 per mille in Nanjarajpatna to 20·97 in Kiggatnad, but details are not given which would permit of a discussion of the figures. The average rate in rural circles was 27·24 against 35·65 in the towns. The latter are all very small, and the death-rates in some are largely raised by the inclusion in their statistics of the deaths of immigrant coolies; of the 218 deaths recorded in Mercara town, 69 occurred in hospital, of which 48 were known to have been among coolies from Mysore; again in Virajandrapet town, of 220 deaths registered, 127 occurred in hospital, of which no less than 121 were known to have been coolies from Malabar.

Among Hindus, who form the vast majority of the population, the death-rate was 27·54; among Muhammadans it was 29·61; and among the small number included in "other classes," it was 51·06.

The monthly death-rates were highest in July, June, August and September, and lowest in November and April and February, yielding a fairly average incidence.

The death-rate among infants was 251·42 per mille for males and 223·18 for females; the infantile mortality figure calculated on the births being 231·3 against 265·4 in the previous year. Among boys and girls of between one and five years of age, the rates were 24·40 and 19·30 per mille respectively, showing a considerable decline during the last three years. In the two age-periods, 10—15 and 20—30, the female death-rates were the higher, and the rates for both sexes were exceptionally high in the periods from 20—50 inclusive, doubtless owing to the mortality among adult immigrants. The average death-rate for males was 28·52 per mille and for females, 27·35.

Bombay.

104. The number of births registered in the Presidency of Bombay, including Sind, was 685,348 against 582,371 in 1898; the rate per mille on the census population is 36·42, compared with only 30·94 in the previous year and a quinquennial average of 34·41. This increase was noted in all the registration districts, but in the collectorates of Broach, Panch Mahals, Thar and Parkar and the City of Bombay there was a falling off as compared with the rates for 1898. The highest district rates were registered in Khandesh, 52·85 per mille, Nasik, 49·44, and Ahmednagar, 45·76; and the lowest in Hyderabad and Thar and Parkar, both with rates of 21·51 per mille, and Bombay City, 12·88. The Hyderabad and Bombay rates vary little from the average, they are always the lowest, and as regards Thar and Parkar, it is explained that famine and consequent emigration account for a decrease of nearly 7 per mille in the birth-rate as compared with that of 1898. In rural areas the average birth-rate was 37·80 per mille, showing a rise of 5·9 per mille over the figure of the previous year; in towns it was only 26·48, but this also was 2·4 per mille higher than in 1898. The urban rates were again much affected in several places by the exodus on account of plague; for instance, the lowest rates are recorded for Poona, 8·10 per mille; for Belgaum, 11·85 and Bombay, 12·88, and these were all affected by plague. The highest rates are returned from Vengurla 73·32, Borsad, also highest in 1898, 64·97, and Nandurbar 63·23; 21 out of the total of 56 towns record a birth-rate above 40 per mille.

The percentage of male to female births was 108·01, slightly lower than that of recent years, and it varied from 133·25 in Hyderabad (and this is a feature of the figures from Sind as a whole) to 102·75 in Dharwar.

The total number of deaths registered was 672,269 or 123,444 more than in the previous year, and the death-rate on the census population rose from 29·16 in 1898 to 35·72 in 1899, as compared with the quinquennial average of 32·31. Nearly two-thirds of the increase, as compared with the previous year, is attributed to an enormous rise in the death-rate from "other causes," from which there were 78,537 more deaths than in 1898; no less than 29,826 deaths under this heading are recorded in Bombay City alone giving a death-rate of 37 per mille. The increase has been very marked from 1897 onwards, and since 1896 the deaths thus registered have increased to the extent of over 250 per cent. The Sanitary Commissioner attributes this striking feature of the returns to improved registration, and certainly the number of deaths returned under the inclusive term "Fevers" has fallen off during the last two years to an extent approximately equal to the rise in the number under "other causes." To plague, 96,596 deaths are attributed against 86,191 in the previous year, a ratio per mille of 5·13 as compared with 4·58 in 1898. The highest district death-rates were 69·54, 49·67 and 49·62 in the City of Bombay, Poona and Nasik, respectively, where plague was prevalent; the lowest rates were 17·48, 16·97 and 13·87 in Shikarpur, Upper Sind Frontier and Hyderabad, all in Sind, where registration is defective.

In rural areas the average death-rate was 31·76 per mille against 64·10 in the towns, both showing a considerable rise over the figures of 1898. Among the latter the highest rates were returned by Umarkot, 228·77, Nasik, 153·77 and Poona, 128·02. In the first case, the enormous mortality is ascribed to fever affecting a population whose natural resistance was impaired by privation; in the two latter cases, plague was the chief cause.

Christians and Hindus died at the rates of 38·66 and 38·12 per mille respectively; the death-rate for Parsis being 32·06, and that for Muhammadans 26·98; while "other classes" exhibited, as usual, the lowest mortality, *viz.*, 12·74 per mille.

As regards the seasonal incidence of mortality, it was decidedly higher in the first four and last five months of the year than in May, June and July when, as usual, it was at its lowest.

Male infants died at the rate of 212·15 per mille and females at the rate of 181·80, as calculated on the obsolete census population, the corresponding provincial infantile mortality rates per mille of births are 202·71 and 187·86 respectively, and in the City of Bombay we find the enormous rate of 798·69 recorded, a plain indication of a most lamentable condition of the public health. Children between the ages of 1 and 5 years had death-rates of 49·15 per mille for boys and 46·80 for girls. The mortality among females was higher than that of males in the 5 to 20 age-periods inclusive, the average rates at all ages being 36·48 for males and 34·90 for females.

Burma.

105. As explained in this report for 1898, a slight reduction was made in the population referred to in the registration returns of Lower Burma, by the exclusion of certain inaccessible tracts, which are patrolled only at somewhat irregular intervals. This re-arrangement has been carried still further, and in consequence, the total population figure which stood at 4,510,697, has been reduced for vital statistical purposes to 4,461,027. The aggregate population of these excluded tracts amounts to 64,599, and during the year 1899 the birth and death-rates recorded among them were 35·99 and 24·78 per mille respectively, figures which exhibit a great advance on those of the previous year, but as the area and population have been

largely increased no fair comparison is possible. In Lower Burma the total number of births recorded in 1899 was 165,229, a ratio of 37·04 per mille as compared with 153,838 and 34·11 per mille, respectively, in the previous year, which had also shown a similar increase over the record for 1897; the excess over the decennial average rate amounts to fully 10 per mille, and we have here another instance of the highest birth-rate on record, a result to which the attention recently given to registration has largely contributed. Still, much remains to be done as is evident when the variation in the rates is taken into account. We find among the districts, Pegu with 46·08 per mille; Myaungmya with 44·81 and Henzada with 43·99, while Rangoon returns 17·55 per mille, Hanthawaddy 31·36 and Akyab 32·18. This disparity is even more marked in the towns, and after excluding Rangoon (17·55) and Akyab (16·40), where the great disproportion of the sexes may be held to be largely accountable for their low rates, we find the figures ranged from 56·83 in Kawkareik and 45·73 in Myanaung to 16·90 in Yandaon and 21·14 in Kyaukpyu, yielding an average of 26·09 or fully 12·58 per mille below the average recorded in rural circles.

The percentage of male to female births was 108, ranging from 114 in Toungoo to 101 in Thayetmyo.

The number of deaths registered was 121,771 and the death-rate was 27·30 per mille as compared with 26·13 in 1898 and 24·40, the mean of the previous five years. The Irrawaddy division which returned the highest birth-rate yielded also the highest death-rate (29·12), and similarly the lowest death-rate (22·57) was recorded in the Minbu division, in which the birth-rate was lowest. The district rates varied between 44·03 in Rangoon and 32·57 in Pegu to 20·55 in Akyab and 22·47 in Prome; the average for rural circles being 26·23 against 34·46 in the towns, among which the highest rates were 59·09 in Kawkereik and 53·60 in Myaungmya, and the lowest, 15·44 in Paungde and 18·96 in Sandoway. Where the rates were highest, cholera and small-pox were unusually prevalent; 4,942 deaths were recorded from the former disease in Lower Burma during the year, only one district being free from the disease, but the fact that the case mortality is returned at 95·31 per cent. makes it clear that probably nearly half the cases were unrecorded. Under such circumstances the difficulties attending the task of marking down the factors of causation and of importation of the disease, are rendered well nigh insuperable.

Among the different sects, the highest death-rate was registered among Hindus, 37·50, due chiefly to the excessive mortality among the immigrant population of Rangoon, where the rate reached the high figure of 54·84, and although these outlanders live under far more insanitary conditions than the indigenous Buddhists, it is probable that the census population figure is far from accurate. For "other classes" who number some 94,000 souls, the rate was 31·11 per mille, but here again the census figure is doubtless defective. The Buddhists forming the bulk of the people had a death-rate of 27·34, followed by the Muhammadans with 22·09 and the Christians with 17·45 per mille.

The highest numbers of deaths were recorded in July, August and June, and the lowest in January, February and March, an incidence which may be taken as fairly normal.

Among male infants the death-rate was 294·49 per thousand living, as compared with 212·77 among females. The true infantile mortality rate for both sexes works out at 185 per mille, ranging from 357 in Rangoon to 102 in Tavoy. The average for the whole Tenasserim division is only 145 against

204 for the Pegu division, and these facts have an important bearing on the completeness of registration in the respective areas.

Boys and girls between one and five years of age died, respectively, at the rates of 38·93 and 32·44 per mille. At all age-periods, save 30—40 when the female rate slightly exceeded that of the male, the male death-rates were the higher, the average being 29·04 per mille among males and 25·34 among females.

In Upper Burma registration in 1899 was extended to thirteen towns as compared with nine only in the previous year, and for the first time vital statistical records were instituted in the rural areas. For the present, the returns are kept separate from those of Lower Burma, but following on the census of 1901, it is intended to consolidate the whole of the statistics for the combined province.

The total population (census of 1891) on which the death-rates are based is 2,454,288, of which the vast majority, 97 per cent., are Burmese, but for the present, birth registration is confined to the 13 towns, with an aggregate population of 311,605. It is clear that in a progressive area open to immigration, an enumeration carried out nine years ago must be a defective basis for calculation; moreover, the first attempts at registration, will naturally possess an approximate value only. But after making all allowances, the figures must be considered extremely good and encouraging.

The total number of births recorded in the towns was 10,484 or 33·65 per mille as compared with 37·04 for Lower Burma as a whole, or more reasonably with 26·09, the urban rate in the contiguous area. Pyinmana recorded a rate of 41·78 per mille and Yamethin of 41·46, while Minbu returned only 4·81 and Pagan 10·54, rates due undoubtedly to faulty registration which time and use will improve. The percentage of male to female births ranged from 123 to 88.

The deaths were recorded for the total population, urban and rural, and numbered 51,615 giving a ratio per mille of 21·03. The districts recording the highest rates were Kyaukse, 32·83, and Mandalay, 31·86 per mille, as compared with the lowest rates in Magwe, 12·91 and Myingyan, 14·13. The death-rate in rural areas was 18·98 as against 35·15 in the towns, among which the highest rates were 54·62 in Monywa and 42·55 in Pyinmana, and the lowest were 19·26 in Minbu and 21·39 in Kyaukse. But the average urban death-rate in Upper Burma 35·15 per mille is notable chiefly as exceeding that of Lower Burma, 34·46 per mille; there were fewer deaths from Small-pox, Dysentery and Diarrhœa and Injuries, but many more from "other causes", in the former as compared with the latter.

The figures have a special interest as demonstrating the characters that may be looked for in vital statistics in areas where registration is undoubtedly and admittedly defective, and so, of affording indications for test and comparison with the returns received from areas from which a far higher standard may reasonably be expected.

Military Cantonments.

106. The following statement shows the mortality during 1899 among the native population in the cantonments in the four Commands, and in the Hyderabad Assigned Districts.

Death-rate amongst Natives in the Cantonments of the four Commands of India and in the Hyderabad Assigned Districts during 1899.

CANTONMENTS.	Died per 1,000 of population.	CANTONMENTS.	Died per 1,000 of population.	CANTONMENTS.	Died per 1,000 of population.
Fort William	11·1	Landour	18·0	Cawnpore	40·8
Alipore	16·4	Dehra Dun	12·3	Allahabad	18·9
Dum-Dum	26·5	Roorkee	18·9	Jhansi	27·7
Barrackpore	14·1	Meerut	30·1	Benares	16·7
Darjeeling	26·5	Naini Tal	10·3	Gorakhpore	26·7
Buxa	6·2	Ranikhet	18·4	Lucknow	19·3
Doranda	26·9	Almora	11·4	Fyzabad	25·3
Dinapore	16·8	Lansdowne	12·2	Sitapur	35·6
Cuttack	20·7	Bareilly	18·7	Saugor	15·3
Cachar	7·4	Shahjahanpur	21·9	Asirgarh	...
Shillong	14·0	Fatehgarh	39·1	Jubbulpore	30·2
Dibrugarh	8·0	Agra	30·8	Pachmarhi	53·7
Kohima	27·0	Nowshera	8·9	Kurrachee*	...
Kamptee	27·2	Murdan	13·0	Neemuch	36·0
Nowgong	27·1	Cherat†	47·2	Nasirabad	47·5
Deoli	17·7	Abbott bad	9·7	Mhow	49·3
Delhi	15·0	Kohat	4·9	Deesa	28·1
Umballa	21·0	Rangoon	28·4	Ahmedabad	10·3
Kasauli	28·3	Thayetmyo*	...	Rajkot	37·1
Dagshai	26·5	Meiktila	17·5	Bhuj	24·8
Subathu	35·5	Mandalay	18·5	Baroda	23·5
Jutogh	32·3	Bhamo	8·4	Sambalpur	33·6
Jullundur	10·9	Shwebo*	...	Kamptee	26·4
Dharmsala	18·2	Fort Stedman*	...	Raipur	33·0
Amritsar	14·7	Secunderabad	16·8	Malegaon	40·4
Dalhousie	16·5	Cannanore*	...	Ahmednagar	33·9
Bakloh	20·4	Belgaum	69·2	Sirur	16·8
Sialkot	8·3	Calicut	...	Poona	60·0
Meean Meer	16·1	Quilon	13·5	Kirkee	41·1
Ferozepore	26·9	Bellary	2·9	Satara	1·7
Rawalpindi	13·7	Trichinopoly*	...	Quetta	19·1
Campbellpore	28·2	St. Thomas' Mount	17·0	Purandhur	26·5
Fort Attock	2·4	Pallavaram	12·5	Deolali Depôt	43·2
Murree	51·8	Vizianagram	13·1	Aurangabad	23·9
Jhelum	9·2	Berhampur*	...	Jalna	27·0
Mooltan	17·5	Maymyo	22·0	Hingoli	19·5
Dera Ismail Khan	11·5	Wellington	11·8	Mominabad	27·6
Dera Ghazi Khan	6·5	Poonamallee Depôt	17·6	Bolarum	25·7
Edwardesabad	14·1	Jacobabad	19·9	Raichur	6·6
Peshawar	9·0	Hyderabad	26·2	Aden	10·7
Chakrata	21·2	Muttra	33·9		

* Population not available.

† For six months only.

Appendix to Section V.

STATEMENT No. I.—*Births.*

PROVINCE.	Population under registration.	Ratio of births per 1,000 of population.			Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
Bengal	71,069,617	53·28	16·14	42·96	105·0	11·75	...
Assam	5,050,590	41·43	21·01	35·45	106·03	4·44	...
North-Western Provinces and Oudh	46,904,791	63·48	28·07	48·09	107·43	14·90	...
Punjab	20,553,982	69·1	21·7	48·4	109·6	18·8	...
Central Provinces*	9,501,401	60·06	38·58	47·35	105·35	19·26	...
Berar	2,852,825	54·3	45·8	50·5	106·4	10·6	...
Madras	33,525,794	40·5	22·3	31·3	103·9	11·2	...
Coorg	173,055	32·53	21·07	25·59	95·80	...	2·42
Bombay	18,820,346	52·85	12·88	36·42	108·01	0·70	...
Lower Burma	4,461.027	46·08	17·55	37·04	108·00	10·00	...
Upper† „	311,605	41·78	4·81	33·65	106·00	...	2·
Ajmer-Merwara	542,358	38·48	29·39	31·40	117·47	...	1·81
Mysore	4,843,523	22·81	14·58	17·89	103·63	·56	...

* Excluding Zamindaris.
† The figures are for towns.

STATEMENT No. II.—*Deaths.*

PROVINCE.	Population under Registration.	Area in square miles.	Average population per square mile.	Ratio of deaths per 1,000 of population.			Death-rate per 1,000.	
				Maximum for any one district.	Minimum for any one district.	Means for the province.	Male.	Female.
Bengal	71,069,617	144,408	492	50·75	19·97	31·21	33·33	29·10
Assam	5,050,590	29,433	170	44·86	23·58	31·01	32·35	29·52
North-Western Provinces and Oudh	46,904,791	107,734	435	41·93	21·24	33·19	33·62	32·73
Punjab	20,553,982	110,463	186	41·6	20·3	29·6	28·5	30·8
Central Provinces‡	0,501,401	71,582	133	46·15	23·05	28·09	30·48	25·71
Berar	2,852,825	16,068	177	50·8	35·5	39·9	41·0	38·8
Madras	33,525,794	128,727	270	38·5	14·1	20·1	20·7	19·5
Coorg	173,055	1,583	109	34·05	20·07	28·00	28·52	27·35
Bombay	18,820,346	124,130	151	69·54	13·87	35·72	36·48	34·90
Lower Burma	4,461,027	73,776	60	44·03	20·55	27·30	29·04	25·34
Upper „	2,454,288	23,485	104	32·83	12·91	21·03	21·90	20·25
Ajmer-Merwara	542,358	2,711	200	41·68	30·81	33·21	34·50	31·75
Mysore	4,843,523	27,924	173	24·73	13·43	17·33	17·79	16·87

† Excluding Zamindaris.

STATEMENT No. III.—*Deaths in Towns and Rural Circles compared.*

PROVINCE.	Number of Registration Circles.			Population.			Deaths per 1,000.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Bengal	560	152	712	67,608,434	3,461.183	71,069,617	31·11	33·10	31·21
Assam	64	23	87	4,941,366	109,224	5,050,590	30·87	37·29	31·01
North-Western Provinces and Oudh	851	460	1,311	43,668,366	3,236,425	46,904,791	32·76	39·04	33·19
Punjab	454	150	604	18,551,934	2,010,390	20,553,982§	29·23	32·58	29·57
Central Provinces‖	161	73	234	8,684,984	816,417	9,501,401	27·53	34·11	28·09
Berar	67	38	105	2,496,823	356,002	2,852,825	39·5	42·6	39·9
Madras	181	93	274	30,987,761	2,538,033	33,525,794	19·4	29·1	20·1
Coorg	5	5	10	157,544	15,511	173,055	27·24	35·65	28·00
Bombay	220	63	283	16,515,973	2,304,373	18,820,346	31·77	64·09	35·72
Lower Burma	193	33	226	3,881,421	579,606	4,461,027	26·23	34·46	27·30
Upper „	105	13	118	2,142,683	311,605	2,454,288	18·98	35·15	21·03
Ajmer-Merwara	17	6	23	418,206	124.152	542,358	27·38	52·85	33·21
Mysore	69	20	89	4,543,830	299,693	4,843,523	14·20	64·84	17·33

§ Excluding Europeans and Eurasians, *viz.*, 8,342.
‖ „ Zamindaris.

STATEMENT NO. IV.—*Deaths according to age.*

PROVINCE.	RATIO PER 1,000																			
	Under 1 year.		1 year and under 5 years.		5 years and under 10 years.		10 years and under 15 years.		15 years and under 20 years.		20 years and under 30 years.		30 years and under 40 years.		40 years and under 50 years.		50 years and under 60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Bengal . .	272·64	221·01	45·35	38·93	18 39	15·15	14·61	12 15	17·80	17·63	19·26	17·52	19·87	17·00	25·62	20·16	36·46	31·36	70·46	54·16
Assam . .	200·28	175·89	29·52	27·77	16·48	13·62	16·33	15·16	24·77	25 81	23·09	24·42	26·82	24 50	31·12	21·67	42·49	36·45	65·64	46·64
N.-W. Provinces and Oudh.	336·13	310·10	56·21	55·01	12·61	11·13	7·97	7·77	10·79	15·26	14·16	15·82	17·34	15·57	25·84	22·88	41·83	33·60	57·50	41·57
Punjab . .	230·88	229·01	47·97	51 27	8·41	8 89	5·91	7·62	6·97	9·14	9·52	11·29	12·82	14·98	18·88	17·66	28·77	25·57	87·42	89·80
Central Provinces	416·94	350·11	25·85	21·02	9·08	7·63	7·31	6·62	12 90	11 24	13·77	11·56	16·57	13·33	23 46	17·13	36·04	28·08	69·41	53 55
Berar . .	392·5	337·1	93·2	81·9	14·7	13·7	7·2	8·4	9·0	12·0	12·5	14·9	17·0	17·6	25·6	17·0	46 6	36·7	92 9	85·5
Madras . .	158·0	131·1	24·2	22·7	8·4	8·0	6·5	6·9	7·5	10·3	8·6	9·4	11·5	10·7	16·9	13 7	30·5	26·0	54·3	49·4
Coorg . .	251·42	223·18	24·40	19·70	11·11	8·96	9·76	10·76	12·35	11·69	20·24	23·25	28·29	26·54	34·46	31·23	55·75	43·66	72·97	62 93
Bombay . .	212·15	181 80	49·15	46·80	14·04	15·08	14·28	17·27	15·40	16·90	19·85	19·12	25·45	23·15	34·41	25·98	52·55	40·17	117·08	105·43
Lower Burma .	294·49	212·77	38·93	32·44	15·55	13·03	10·08	8·39	14·77	12·20	14·77	14·18	20·00	20·06	23·63	20·24	31·35	25·39	66·77	60·06
Upper Burma .	141·00	106·03	32·94	33·45	10·70	9·69	5·47	4·37	7 97	7·48	10·30	11·32	13 43	13·09	18·88	15·73	28·81	20·90	52·50	48·26
Ajmer-Merwara	250·00	222·83	74·89	66 05	10·06	8·38	6·47	7 46	8·41	13·83	12·88	14·36	16·86	13·65	28·68	20·14	59·15	39·83	94·96	68·23
Mysore . .	65·46	55·91	17·09	13·58	9·64	8·07	13·21	14·92	14·07	17·13	12·35	13·33	14·92	13 17	19·78	18·31	28·01	24·63	47·25	40·34

STATEMENT NO. V.—*Deaths according to cause.*

PROVINCE.	DEATHS PER 1,000 IN 1899.								Deaths per 1,000 in 1898.	Deaths per 1,000 in 1897.
	Plague.	Cholera.	Small-pox.	Fevers.	Dysentery and Diarrhœa.	Injuries.	All other causes.	All causes.		
Bengal	...	1·51	0·18	22·61	0·58	0·50	5·81	31·21	26·57	32·94
Assam . . , . .	...	1·66	0·31	18·04	2·74	0·35	7·91	31·01	36·15	50·61
N.-W. Provinces and Oudh .	...	0·17	0·04	26·55	0·58	0·50	5·34	33·19	27·38	40·46
Punjab	...	0·09	0·25	18 57	0·65	0·34	9·66	29·57	31 05	31·05
Central Provinces* . . .	0·06	0·01	0·11	16·17	1·25	0·45	10·04	28·09	24·30	69·34
Berar	...	0·2	0·1	17·5	7·1	0·3	14·7	39·9	23·4	52·6
Madras.	...	0·9	0·5	7·3	0·9	0·4	10·1	20·1	21·0	25·4
Coorg	...	...	·16	23·10	·64	·30	3·80	28 00	31·44	50·03
Bombay	...	0·46	·10	17·27	3·97	·38	13·54	36·48	29·16	39·84
Lower Burma	...	1·11	1·32	11·47	1·81	·25	11·33	27·30	26·13	26·26
Upper Burma	...	·84	·50	7·91	·75	·37	10·67	21·03	...	...
Ajmer-Merwara . . .	...	0·002	1·77	23·42	2·14	0·54	5·34	33·21	22·13	24·68
Mysore	...	·03	·62	7·47	1·41	·53	7·26	17·33	19·98	17·94

* Excluding Zamindaries.

STATEMENT NO. VI.—*Deaths from all Causes according to Months.*

PROVINCE.	RATIO PER 1,000.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Bengal . .	2·79	1·91	2·01	2·26	2·53	1·86	2·20	2·62	2·45	3·43	3·61	3·48	31·21
Assam . .	2·88	2·45	2·40	2·24	2·51	2·33	2·20	2·27	2·32	2·71	3 31	3·39	31·01
N.-W. Provinces and Oudh.	2·37	2·03	2·21	2·73	2·99	2·60	2 33	3·24	3·54	3·22	2·97	2·94	33·19
Punjab . .	2·64	2·19	2·27	2·12	2·47	2·19	2·14	2·78	2 54	2·58	2·79	2·86	29·57
Central Provinces.†	2·33	2·09	2·60	3·00	2 62	2·43	2·06	2·25	2·27	2·19	2·03	2·23	28·09
Berar . .	2·6	2·2	3·7	3·9	4·2	3·3	2·9	3·5	3·1	3·3	3·3	3·8	39·9
Madras . .	2·2	1·7	1·5	1·4	1·6	1·5	1·6	1·5	1·5	1·7	1·9	2·0	20·1
Coorg . .	2 17	1·94	1·03	1·84	2·27	3·18	3·39	2·52	2·51	1·99	1·80	2·44	28·00
Bombay .	3·11	2·84	3·46	2·97	2·65	2·25	2·69	3·17	3·16	3·21	2·90	3·31	35·72
Lower Burma	1·86	1·88	2·12	2·24	2·15	2·41	2·84	2·67	2·33	2·34	2·25	2·22	27·30
Upper Busma	·68	1·02	1·74	1·93	1·84	2·19	2·14	1·98	1·74	1·80	1·89	2·09	21·03
Ajmer-Merwara.	2 51	2·71	3·41	2·79	2·69	1·74	1·90	2·86	1·95	2·33	3·22	5·10	33·21
Mysore . .	2·08	1·62	1·42	1·27	1·31	1·24	1·35	1·29	1·24	1·33	1·50	1·69	17·33

† Excluding Zamindaries.

SECTION VI.

GENERAL POPULATION.

HISTORY OF CHIEF DISEASES.

Cholera.

107. It is the custom to epitomize in this place any facts bearing on the etiology of cholera which observation and research have brought to light during the past twelve months. Once more it must be admitted that there is no epoch-marking advance to chronicle; at the same time everything is of importance that serves to elucidate, in however small degree, any single point in a fascinating epidemiological problem.

"Comma" organisms in drinking-water.

108. Some observations made by M. Haffkine, Director-in-Chief of the Plague Research Laboratory, Parel, Bombay, in collaboration with Captain Lamb, I.M.S., have an interesting bearing on the question of the relation of infected water-supplies to cholera outbreaks. Advantage was taken of the prevalence of cholera in the famine areas of Gujarat during the months of April and May 1900, to make a bacteriological study of a series of 33 drinking-water samples taken in 14 localities, where the disease was either actually present or had only recently subsided. When collecting the specimens, Captain Lamb noted carefully all particulars as to the locality and source, and the conditions as to the prevalence of cholera; at the same time he prepared microscopic specimens and cultures, which he merely numbered and sent to the Laboratory at Bombay for examination; this latter part of the work was thus done independently of the officer who had a knowledge of the origin of the specimens.

Of the 33 samples examined, "curved bacteria belonging to the class of comma-shaped bacilli" occurred in the microscopic specimens obtained from ten; in four of these ten, the bacilli were isolated in pure culture and submitted to further study. One of these latter answered in every respect to all the typical tests of the cholera "comma bacillus." A second corresponded thereto in many essential points, but differed in two important characters; while the remaining two, though morphologically classed as "commas," differed markedly from typical cholera microbes.

Notwithstanding the above variation the following correspondence between the presence or absence of comma-shaped organisms and the prevalence or otherwise of cholera, was found. Comma curved bacilli were found in the samples taken from eight of the 14 localities; they were absent from the remaining six. In seven of the eight localities cases of cholera were still occurring either daily or at brief intervals, and in one place only there had been no cases for 39 days before the samples were taken, but it was subsequently reported on good authority that a recrudescence of the disease had occurred here "shortly after." On the other hand in five of the six places in the water from which no "commas" were detected in the Laboratory, Captain Lamb's notes show that there was no cholera; while in the sixth place "sporadic cases" were noted. In all, 278 specimens were examined in arriving at this, independent, confirmation of the information obtained locally, and the correspondence, whatever its real value, is worthy of note, all the more so as it confirms a similar result arrived at in an exhaustive survey of the water-supplies of 211 localities in Calcutta undertaken by M. Haffkine in the cholera season of 1894. Specimens from 110 "tanks" were then examined, and of these—

(*a*) 46 were tanks round which cholera existed at the time;

(*b*) 5 were tanks round which cholera had existed from 4 to 6 weeks previously, but had since disappeared;

(*c*) 59 were tanks round which the disease had not appeared at all during the four months of that year.

Out of the 46 in category (*a*) comma-shaped bacilli were found in 42, *i.e.*, 91·3 per cent., out of the 5 in (*b*) these organisms were found in none, and of the 59 in (*c*) "commas" were found in 11 only, *i.e.*, in 18·8 per cent., and were not found in 44 or 81·4 per cent.

The vibrios found in the Gujarat and Calcutta waters varied greatly in their detailed characters, and it is probable that only a small proportion of the whole were true cholera "commas"; but it is suggested that the prevalence of this morphological type in places where cholera exists and their relative absence from places free from the disease, can be best interpreted by the supposition that the whole class, including the typical cholera "commas," require for their existence similar or very comparable conditions; on the one hand, when these conditions are inimical to the cholera bacilli, no vibrios of any kind are to be met with; and on the other hand, when conditions favour the growth of curved bacilli in general, the typical cholera organism developes and propagates in large numbers and, possibly, causes an outbreak of the disease.

It would have added to the interest of these observations, if the different vibrios isolated had been tested by Pfeiffer's reaction. Mr. Hankin who has devoted much study to the subject of the micro-organic flora of water-supplies in connection with cholera outbreaks, has made some experiments on this point. Starting with the assumption that the microbes isolated from patients suffering from the disease will give the agglutination reaction with the serum of an immunised animal, it does not follow that cholera-vibrios found as saprophytes in the endemic area should similarly react to the specific test. Such vibrios may have existed for an indefinite number of generations in water or mud, and have never been in contact with the tissues of a susceptible animal. In an outbreak at Bombay he therefore took the opportunity of putting this question to the test. He isolated over twenty vibrios from the pipe-water, and about twenty more from the well-water and mud in an area where cholera was prevalent, and he found that the vibrios from water, with one exception, did not react with Pfeiffer's test; the vibrios from mud reacted clearly, but slowly, whereas these from patients' dejecta reacted instantly and strongly so as to produce a dense clot from the emulsion. These experiments were repeated subsequently in an outbreak near Agra, the microbes being isolated from a well, the supposed source of the epidemic, in which a woman suffering from "diarrhœa" had committed suicide. A large proportion of the vibrios gave a most marked reaction with Pfeiffer's test, but subsequent to successive cultivations on Agar-Agar, the test serum lost all agglutinating power upon them. Hence this supposed distinctive character of the vibrio, originally present to a marked degree, was lost after a few days' existence on Agar-Agar, but at the same time the original microbes, not submitted to Agar, still gave the reaction. It would be outside the scope of this report to suggest the considerations to which these facts give rise; they are sufficiently obvious as bearing on the established facts of variation with the environment, which, when taken into account with the variation of the natural intrinsic predisposition of the human organism, afford the key to many of the epidemiological problems presented by the disease.

M. Haffkine's note concludes with a brief synopsis of the results of the bacterioscopic examination of the water from wells, situated in the same area, and which had been treated with permanganate of potassium. Of 25 wells of which it is reported that they had been treated with the salt, some more and others less frequently, but all within a few days of the date the samples were taken, eight were found to contain "commas;" one of these latter, a well treated every second day, had true "cholera bacilli". The remaining 17 wells were free from "commas", and in one well that had not been treated, "commas" were found in large numbers. He is careful to add that "these data alone * * * do not permit of any definite conclusion as to the efficacy or otherwise of the permanganate process of treating infected waters."

Every exact observation of the kind has a definite value, however far from conclusive; theories must be tested by an appeal to facts on each definite issue; at the same time the careful study of the broad epidemiological facts of outbreaks must be sedulously pursued with less of an agnostic tendency to label them capricious and baffling. An instructive note by the Sanitary Commissioner of Madras offers a good example of the promising methods of observation that might be profitably persued more generally. In connexion with the question as to why, when cholera prevailed in every district in his province, only ten per cent. of the total number of villages was attacked, it being suggested that "there is probably little distinguishable difference between those that suffered and those that escaped", he demurs to the implied premiss that the causative agent is capable of being present in equal potency and under equally favouring circumstances over the large area of the presidency with its different geographical and climatological features. The important factors of human inter-communication, of lines of traffic, of the habits of the people as regards their water-supplies and the nature of these supplies, all go to make up "sanitary conditions" which vary vastly in their incidence and in their resultant effects in different areas. As regards the water-supply factor it is obvious that a community that depends on one open surface "tank" must be altogether in a different position towards a water-borne disease than one which possesses a large number of deep wells. And further he gives striking illustrations of the distinctly characteristic incidence of the disease in its epidemic form, in an area watered by a river and dotted with villages at greater or less proximity to its banks. One is struck by the fact that whilst the villages along the banks are almost invariably affected, those more distant on either side escape in a fairly direct ratio with the distance, provided their water-supplies are self-contained and not drawn from the stream; at the same time, a distinct relation is to be traced between disease incidence and local lines of communication. In one instance "for every ten villages within five miles of either bank of the river, 1·34 were affected against 0·24 in every ten beyond that distance." Moreover if the affected villages be picked out in colour on a map, "a curious fan-like aspect of attacked localities is exhibited, a result that would seem to imply a contamination of the main stream and the distribution of the virus by the irrigation channels as one approaches the coast". Further observations in support of this view are given in the provincial records in this section, where also attention is directed to the characteristic and very definite contrast in the seasonal incidence of the disease from year to year in the two main geographical and climotological areas into which the Madras Presidency is naturally divided. Much confusion and apparent caprice in the incidence of the disease in time and place has arisen from a consideration of the returns from whole provincial areas, but if the natural integral areas be studied separately, in the light of a knowledge of local conditions, each is found to present a definite and characteristic epidemiological picture. It would overburden this report, which is restricted to a brief resumé of the history of cholera during the past year, to adduce examples in support of the contention that in the sense of an ordered sequence of events a "law" may reasonably be adumbrated, if we may not define or explain its action, for the disease prevails under certain definite conditions peculiar in the sum to each locality, though doubtless in a measure common to all. It is merely to emphasize the necessity of research and observation on the opposite but contributory lines indicated, that these few remarks are made.

Anti-cholera inoculations.

109. The experiments in cholera prophylaxis were continued at the Purulia and Salkea coolie-depôts in Bengal, the total number of inoculations performed during the year being 2,388, the figures for the two preceding years having been 4,296 and 10,950, respectively. The falling off is attributed to the fact that cholera being less prevalent in the coolie track, the urgent inducement was wanting, and some Agents preferred not to incur the small pecuniary loss the operation involves, though it is said that all Agents are convinced of its value, and that a few insist upon its performance. That the downward tendency exhibited by the figures given above is merely temporary is well shown by the fact that during the first four months of 1900, no less than 8,423 inoculations had been performed. As regards the results, the Labour Immigration Report (Assam, 1899) shows that while the death-rate on the uninoculated during transit to the gardens was 0·294, there was no death among the 2,246 inoculated coolies. Returns were received from only four gardens having aggregate totals of 1,161 uninoculated and 346 inoculated on the staff; there were 36 cases of cholera among the former and 17 among the latter, while the deaths among the two classes were 12 and 10, respectively; this gives a case percentage of 3·1 among the uninoculated, against 4·9 among the inoculated, while the case mortality was 33·3 per cent. among the former and 58 8 per cent. among the latter. It is to be noted, however, that eight of the ten deaths among the inoculated occurred over two years subsequent to the operation, and in any case the figures are too meagre to justify definite conclusions.

Dr. Powell in a report on all the cases of cholera that have occurred on the estates and in the villages in his practice since the commencement of the prophylaxis experiment, sums up the results as follows. "There have been 198 cases with 124 deaths among 6,549 persons not inoculated, compared with 27 cases and 14 deaths among 5,778 inoculated individuals. Had the incidence been the same in both classes, the inoculated would have had 174 instead of 27 cases, and 109 deaths instead of 14; the mortality therefore among the non-inoculated was nearly eight times greater than among those inoculated."

I may mention that in view of the prevalence of famine during the early months of the current year, I put forward a proposal that a skilled officer should be deputed to visit the famine camps for the purpose of giving to all willing to receive it, the benefit of M. Haffkine's process, as the circumstances appeared to offer an excellent opportunity of obtaining valuable evidence of its practical utility, the harmlessness of the operation, at least, having been definitely established. It was to be clearly understood that no compulsion should be attempted. The Government of India were however of opinion that the people forced by privation to the camps, would not appreciate the entire freedom of choice, which it is of course essential to preserve in this matter, and the great force in the objections raised to the proposal, outweighed in my opinion the probable benefits that might have accrued. As it has unhappily proved, cholera has in certain areas added greatly to the horrors of famine, and increased the difficulties of the successful working of the relief camps.

The distribution of cholera in India, 1899.

110. In last year's report, the cholera mortality in 1898 was shown to be the smallest on record for 18 years. The number of deaths fell to 152,703, giving an average ratio per mille for the whole country under registration of ·70 only. Again in 1899, the disease was far less prevalent than usual; there were altogether 171,410 deaths returned, a figure which is considerably less than that recorded in an average year in Bengal alone, and the ratio on the census population did not amount to more than ·78 per mille, as compared with a quinquennial mean of 1·84. Of the total mortality, Bengal alone accounted for fully 62 per cent., but even here the death-rate from this cause was only two-thirds of the average of the past five years; and it is only in the Punjab where 1,816 deaths were recorded, that we find the quinquennial mean slightly exceeded. Central India, Hyderabad State and Coorg were entirely free from the disease in a fatal form; Ajmer-Merwara returned only one death and the Central Provinces only 76 deaths.

The statement annexed shows the total number of deaths attributed to cholera in every province in India in each year from 1877 onwards:—

Statement showing the deaths from CHOLERA *in the different Provinces in India from 1877 to 1899.*

YEAR.	Bengal.*	Assam.	N.-W. P. and Oudh.	Punjab.	Central Provinces.	Berar.	Rajputana.	Central India.	Bombay.	Hyderabad.	Madras.	Mysore.	Coorg.	Lower Burma.	Ajmer-Merwara.
1877 . . .	155,305	11,307	31,770	29	3,418	842	60	926	57,228	7,414	357,430	2,902	†	7,276	11
1878 . . .	95,192	6,732	22,221	215	40,985	34,306	2,393	8,047	46,743	6,696	47,167	723	49	6,759	210
1879 . . .	130,363	17,415	35,892	26,135	27,575	823	918	2,734	6,037	6	13,296	14	...	1,828	120
1880 . . .	39,643	2,803	71,546	274	330	1	...	299	684	...	613	25	...	2,638	3
1881 . . .	79,180	5,010	25,865	5,207	9,140	3,404	197	581	16,694	1,721	9,446	25	3	5,239	16
1882 . . .	182,352	21,055	89,372	39	11,932	3,573	1,327	1,562	7,904	150	23,604	893	31	7,177	289
1883 . . .	90,439	14,908	18,160	190	16,235	27,897	797	1,740	37,954	1,947	36,284	124	...	2,185	87
1884 . . .	134,421	22,276	30,143	614	149	87	1,297	1,018	13,804	2,479	75,476	330	...	5,515	227
1885 . . .	173,757	7,753	63,457	1,936	21,868	3,683	1,615	4,624	37,287	1,387	58,109	2,677	...	7,685	100
1886 . . .	118,368	20,188	34,565	12	16,679	976	173	2,0	167	499	12,417	10	...	4,027	765
1887 . . .	172,572	7,941	200,628	8,804	12,576	14,396	2,612	8,868	25,711	2,831	28,359	832	3	2,649	384
1888 . . .	111,391	9,693	18,704	14,938	921	305	32	191	36,500	2,057	58,677	1,015	2	15,982	15
1889 . . .	171,103	18,288	48,494	2,838	52,588	10,925	6,923	3,314	32,431	1,128	76,020	1,590	9	3,240	55
1890 . . .	145,885	15,396	80,295	3,401	4,787	847	2,746	3,132	3,259	...	35,288	1,326	5	1,076	408
1891 . . .	229,575	23,882	169,013	10,107	21,312	7,958	2,946	13,474	17,850	3,102	98,773	1,204	7	2,400	532
1892 . . .	259,398	21,552	194,886	75,959	39,972	2,030	26,760	8,384	42,900	53	79,033	5,497	58	6,208	2,352
1893 . . .	126,976	21,849	12,154	639	557	1,188	314	127	18,853	165	32,209	680	9	2,393	3
1894 . . .	236,150	13,497	178,079	113	7,043	3,452	2	5,210	33,588	1,862	42,289	328	8	7,428	...
1895 . . .	177,087	18,962	51,562	549	15,506	11,919	1,049	6,043	8,890	467	21,172	2,334	...	5,150	289
1896 . . .	226,824	17,042	69,147	5,146	52,985	12,264	3,797	15,766	35,404	525	47,847	2,100	49	2,959	12
1897 . . .	196,247	33,240	44,208	622	57,131	10,122	1,496	13,202	57,109	1,039	143,445	4,248	106	8,538	19
1898 . . .	65,020	11,149	2,508	33‡	7§	...	6	2	4,368	6	65,444	1,193	8	2,972	1
1899 . .	107,678	8,380	8,142	1,816	76§	541	497	...	8,579	...	29,082	123	...	4,492	1

* Excluding Calcutta from 1877 to 1892.
† Statistics not available.
‡ Including 30 deaths in Cantonments.
§ Excluding Zamindaries.

The next table exhibits the seasonal incidence of the disease, and the most notable feature in this respect is the exceptional mortality falling in the last quarter of the year. But as already explained the figures for each provincial area must be studied separately, and further than this, a reference to the local sanitary reports, in order to distinguish the true geographical and climatological groups, will alone afford a true picture of the characteristic incidence of the disease in time and place.

Statement showing the deaths from CHOLERA *registered in the different Provinces by months during the year 1899.*

PROVINCE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO OF DEATHS PER 1,000 OF POPULATION.	
														1899.	1898.
Bengal	5,344	2,964	4,660	8,433	5,369	2,099	6,542	5,792	6,159	15,807	23,882	20,627	107,678	1·51	0·91
Assam	368	310	387	383	586	249	161	157	290	640	2,516	2,333	8,380	1·66	2·22
North-Western Provinces and Oudh	27	13	68	246	428	767	451	1,650	1,212	1,301	1,245	734	8,142	0·17	0 05
Punjab	...	...	...	2	1	1	71	433	89	131	182	906	1,816	0·09	0·002
Central Provinces*	...	...	...	1	...	...	...	...	..	1	10	64	76	0·01	...
Berar	...	...	...	...	...	...	...	5	102	294	105	35	541	0·2	...
Lower Burma	89	161	539	920	598	495	510	563	267	358	290	152	4,942	1·11	0 66
Upper Burma	...	...	9	179	171	370	268	258	204	230	153	208	2,050	0·84	...
Madras Presidency	11,597	5,876	2,620	2,061	1,665	682	633	422	477	671	893	1,485	29,082	0·9	2·0
Bombay Presidency	23	548	1,568	1,980	2,199	911	478	329	198	284	33	28	8,579	0·46	0·23
Ajmer-Merwara	...	...	...	...	...	1	...	...	...	...	...	...	1	0·002	0·01
Coorg	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0 05
Mysore	63	24	...	9	6	15	3	1	...	1	...	1	123	0·03	0·25
TOTAL	17,511	9,896	9,851	14,214	11,023	5,590	9,117	9,610	8,998	19,718	20,309	26,573	171,410	0·78	0·70

* Excluding Zamindaries.

In the next statement the millesimal death-rates from cholera in the various provinces are contrasted with each other and with the quinquennial averages; urban and rural mortality are compared; the percentages of villages attacked in each province are shown; the highest mortality in any single district and in any single town is set forth; and the month of maximum prevalence in each province is stated.

PROVINCE.	Mortality in 1899.	Mean mortality of previous five years.	Urban mortality.	Rural mortality.	Per cent. of villages attacked.	Maximum mortality in any one district, excluding towns.	Maximum mortality in any one town.	Month of maximum prevalence.
Bengal	1·51	2·53	2·17	1·48	7·67	6·31	33·34	November.
Assam	1·66	3·75	1·71	1·66	7·16	5·08	12·47	November.
North-Western Provinces and Oudh	0·17	1·47	0·18	0·17	0·98	1·61	4·55	August.
Punjab	0·09	0·06	0·08	0·09	0·33	1·57	2·53	December.
Central Provinces*	0·01	2·79	...	0·01	0·07	0·33	0·01	December.
Berar	0·2	2·6	0·2	0·2	1 08	1·1	4·4	October.
Lower Burma	1·11	1·20	1·79	1·01	6·52	2·14	17·95	April.
Upper "	0·84	...	1·17	0·79	4·70	3·01	21·06	June.
Madras	0·9	2 0	1·5	0·8	7·65	2·6	18·7	January.
Bombay	0·46	1·48	1·09	0·37	1·83	4·53	21·28	May.
Ajmer-Merwara	0·002	0·12	...	0·02	0·14	0·00	...	June.

* Excluding Zamindaries.

111. In Bengal in 1899 the total number of deaths registered as due to cholera was 107,678 or 1·58 per mille of the population, against 65,020, or a ratio of 0·91 per mille in the previous year, the average for the previous ten years being 2·59. No district was entirely exempt from the disease in the year under review; it was reported from 17,217 villages or 7·67 per cent. of the whole number against 11,307 in 1898, and it prevailed epidemically in 42 registration circles, 90 circles being exempt, as against 130 in 1898.

Cholera in Bengal.

The highest district death-rates were 6·28 per mille in Malda, 4·59 in Puri, 4·45 in Bogra, and 3·29 in Cuttack, the motality being greater in 31 districts, and somewhat less in 14 than it was on 1898, a year of exceptionally low prevalence.

In Malda, the disease existed in a sporadic form during the first eight months of the year, but suddenly assumed epidemic proportions in September and so continued to prevail throughout the rest of the year, the maximum being reached in November, when 2,742 deaths were recorded. The thanas most affected were those situated on the Ganges and between this river and the Mahanandi, and it is recorded that following on the terrible cyclone that blew over Bhagalpur in October, dead bodies were discovered floating down the Ganges to be subsequently stranded in the *churs* all along the western border of the district. The epidemic also spread inland from the eastern bank of the river but stopped short of the banks of the Mahanandi.

The high death-rate in Puri was chiefly due to a severe outbreak among the large body of pilgrims congregated there during the last Rath Jatra festival in July. Most of these pilgrims came from Calcutta, the trains bringing large numbers daily to Bhadrak which the steamers from there were unable to cope with, the result being an accumulation of exhausted travellers upon the return roads and especially in Bhadrak itself, "where there was no provision of food and shelter, and where the water is probably highly polluted." A very large proportion of the devotees were widows who left their homes surreptitiously without adequate provisions, and no factor favourable to an outbreak of the disease was wanting: starvation, bad indigestible food, such as travellers perforce must depend on, polluted water, overcrowding and all the consequences of no proper accommodation for the undeniable calls of nature. A special report on the subject has been submitted and is under consideration by the Local Government. In Bogra, and many other districts, the special intensity of the local epidemics was attributed to "the early cessation of the rains and the consequent pollution of the water-supply," the Sanitary Commissioner being of opinion that the usual scouring and cleansing effect of heavy rainfall on open water sources was wanting.

In the rural areas the average death-rate was 1·48 per mille as compared with 2·17 in the towns; of a total of 152 of the latter, the record of 23 is entirely free from a fatal case, and 20 other towns returned only one or two fatalities. Puri town with 960 deaths has a mortality ratio from this one cause of 33·34 per mille, but as previously explained the deaths occurred chiefly amongst pilgrims; the mortality was also exceptionally high in Muktagachha, 9·14 per mille, in Muzaffarpur, 9·08, in Colgang, 7·7, and in Darbhanga, 6·53.

The seasonal incidence of the disease presents the unusual feature of an excessive prevalence during the months of October to December in Bengal Proper and Bihar, whereas it is commonly associated with the hotter and drier months of April and May. Orissa suffered most in July, August, October and September with a minimum in January, March and February. It is noticeable that while the disease was at its worst in Orissa during the height of the rains it was at its lowest ebb, as usual, in Bengal Proper. Chota Nagpur, as is so frequently the case, was almost free throughout the year, the mortality never being in excess of ·03 per mille in any one month, and this highest point was reached in June.

There were nine admissions to hospital for cholera from among the European seamen of the port of Calcutta during 1899, all of which proved fatal, equal to death-rate calculated on the average strength of 7·50 per mille against 1·62 in 1898. Among the native floating population of the port there were 36 deaths in

1899 against 49 in the previous year, giving ratios per mille of 1·40 and 1·91 respectively on the estimated population.

Cholera in Assam.

112. The number of deaths attributed to cholera in Assam was 8,380, equal to a death-rate of 1·66 per mille, as compared with 2·22 in 1898, and 3·75 the average for the previous five years; indeed not since 1887 when the number of deaths was 7,941 (1·75) do we find a mortality figure so low as the one now recorded. The actual incidence in the different geographical areas, that is to say, in the two great valleys, did not vary materially, and the chief feature of the seasonal incidence was the rise in the number of deaths reported in October and the culmination in November and December, in which two months fully half the total deaths occurred. The mortality during the rest of the year was, as regards the Surma Valley, most marked in the first four months, and in the Brahmaputra Valley in the April—July period, a relative seasonal incidence that has been frequently noted in previous years.

The only district in which a notable increase occurred as compared with the previous year was Goalpara, which reported 2,284 deaths or a ratio per mille of 5·05, against 1·86 in 1898. Kamrup comes next with 2·08 per mille and is followed by Darrang and the Garo Hills each with 1·70; the lowest rates were 0·56 per mille in the Naga Hills district, and 0·39 in the Khasi and Jaintia Hills, accounted for by one and nineteen deaths respectively; elsewhere the rates ranged between 0·64 and 1·37 per mille.

As regards Goalpara, it is noted that an outbreak in the *sadr* town and district of Dhubri, lasting from October to December, occasioned just one-half of the total number of deaths registered; "it apparently originated in the river-side depôts amongst batches of tea-garden coolies from whom it spread." However introduced, if introduced, and there is a discrepancy in testimony borne on the subject by the Sanitary Commissioner and the Local Government, the disease claimed only 21 victims among the 24,449 immigrant coolies during their passage up the Brahmaputra; and only 51 more deaths occurred among them while at the depôts, figures which are even lower than those of 1898, and insignificent in comparison with previous years, and which afford satisfactory evidence of the results of the greater care now exercised in all matters affecting the physical welfare of the immigrants throughout their journey.

The population of the tea gardens is given as 636,208 in the Labour Immigration report for the year, and 999 deaths from cholera were recorded among this number, giving a mortality rate of 1·57 per mille, a figure which compares most favourably with that of any recent year, and which, indeed, is scarcely higher than that for the free population living in the same areas, *viz.*, 1·33 per mille.

In the province generally the average death-rate in rural areas was 1·66 per mille against 1·71 in the towns. Among the latter there were eight, out of a total of twenty-three, in which no death occurred, and in four others there was only one fatality recorded in each. The only considerable mortality was in Tezpur, Gauhati and Dhubri, which, with 50, 45, and 31 deaths, respectively, furnished death-rates of 12·47, 5·43 and 6·42 per mille in each case.

North-Western Provinces and Oudh.

113. There were altogether 8,142 deaths attributed to cholera in these provinces during 1899, a ratio per mille of 0·17, as compared with 0·05 in the previous year, and 1·47 the mean of the antecedent quinquennium; excluding the phenomenal record of 1898, the rate for the year under review is by far the lowest hitherto returned. Four of the forty-eight districts appear to have escaped altogether, and in no less than eleven others, less than ten deaths are recorded in

each. Only 0·98 per cent. of the total number of villages over this large area were attacked and these yielded 7,563 deaths, a rural mortality rate of 0·17 per mille, while of the ninety-nine towns, sixty-two recorded no fatal case, the remaining thirty-seven returning 579 deaths, and giving a rate per mille on the population of the whole, of 0·18.

Among the larger towns, Ghazipur had the highest rate from this cause, *viz.*, 1·67 (75 deaths), followed by Fyzabad-Ajudhia with 1·35 (98 deaths); of the smaller towns, Chunar comes first with 4·55 per mille (52 deaths), and next to this, Nagina, 2·84 (63 deaths); in only two other towns did the rate reach 1 per mille.

The maximum prevalence of the disease occurred as usual in August, with a fairly maintained incidence till November; the minimum, 13 deaths, was recorded in February.

Punjab.

114. Following on a year of almost total immunity from the disease, there were 1,816 deaths recorded in the Punjab in 1899, a larger number than in any year since 1892, save 1896 the year of the last considerable prevalence, when there were 5,146 deaths.

The rate per mille works out at 0·09 for the year under review, as compared with 0·002 in 1898 and 0·06 the mean for the previous five years. Ten of the thirty-one districts appear to have been entirely free from the disease, and in six others only one or two deaths were recorded in each. The largest numbers were registered in Shahpur and Hissar with 702 and 308 deaths, and millesimal ratios of 1·42 and 0·40, respectively. Lahore with 167 deaths (0·16), Mooltan with 117 deaths (0·19), and Gujranwala with 103 deaths (0·15) are the only other districts in which the figures are considerable.

Only nineteen of the 150 towns reported deaths, the fatalities in nine being confined to one as two cases each; Tanda and Urmar in Hoshiarpur with 28 deaths, returned a rate of 2·41 per mille, and in the cantonment of Mian Mir, 70 deaths were recorded, giving a rate of 4·05 per mille.

The only considerable outbreaks were those which occurred in the famine camps in the Hissar and Shahpur districts in December. In the former case it is suggested that the disease was imported by coolies from the North-Western Provinces, but no definite details in support of this view are supplied. Three camps were affected and altogether 389 cases with 297 deaths were recorded, the high mortality being ascribed to the debilitated condition of the refugees. The disease is believed to have been transported thence to the famine camps in Shahpur, and there is the definite evidence that people arriving by train suffered from diarrhœa and vomiting, but "the disease was only recognised after their arrival in camp." Altogether there were 1,186 seizures and 684 deaths up to the end of the year. The Sanitary Commissioner visited all the famine camps and supervised measures for the suppression of the disease.

As regards the seasonal incidence, only four deaths from cholera were recorded during the first six months of the year; 71 fatal cases in July, were followed by 433 deaths in August, and thereafter there was a diminished prevalence till December, when the maximum number of deaths 906 were recorded.

Central Provinces.

115. During the year there were only 76 deaths registered from cholera in the Central Provinces, the number having been seven only in 1898; there has been no approach to this immunity in the previous records of the province. The death-rate on the total population works out at 0·01 per mille, as compared with 2·79 the mean for the previous five years, over fifty thousand deaths having been recorded each year, in 1896 and 1897.

One death occurred in April and one in October in the Nagpur district; and there were ten fatal cases in November and 64 in December in the Nimar district and the neighbouring Burhanpur sub-division. As regards this, the only considerable outbreak, it is noted that 17 villages, out of a total of 761 in the area were affected.

Berar.

116. In this province which was entirely free from the disease in 1898, the comparatively small number of 541 deaths were reported as having occurred in 1899. Cholera broke out at the end of August simultaneously in two villages in the Amraoti district, on the 2nd September in a village in Ellichpur, and shortly afterwards in two villages in the Akola district. The first two villages are situated on the banks of the Purna river, whence they draw their water supplies. The origin of the outbreak was not definitely ascertained, but some of the inhabitants had recently returned from a fair. Thence the disease spread by human intercommunication to the other villages affected, and prevailed during each of the last five months of the year.

There were altogether 1,216 cases with 541 deaths (44 per cent.), the largest number of fatalities, 294, occurring in October, and falling to 35 in December. Three of the six districts were entirely free of the disease, which was remarkably local in its incidence, the mortality rate calculated on the whole population being only 0·2 per mille, as compared with 2·6, the quinquennial mean.

Madras.

117. Save for the year 1895, we have to go back to 1887 to find a cholera mortality in the Madras Presidency as low as that of the year under review. There were altogether 29,082 deaths from this disease recorded in 1899, a ratio of 0·9 per mille, as compared with 2 per mille in 1898, and the same figure for the average of the preceding five years.

The greatest number of deaths occurred in Salem district, where there were 5,568 (2·8 per mille), in Tanjore, where there were 5,864 (2·6 per mille), and in Trichinopoly, where 3,287 were recorded (2·4 per mille); only two districts were absolutely free of the disease, although in three others, out of the remaining twenty, the numbers of deaths reported did not exceed twenty altogether.

The Sanitary Commissioner gives interesting tables showing the seasonal incidence of the disease in the different areas, which are divided into two groups in accordance with their geographical positions, and the consequent climatological conditions, as mainly influenced by the two annual monsoons. As he has been able to show in previous reports, the incidence of mortality is greatest on the south-west monsoon districts during the progress of the south-west monsoon, that is to say during the June to September period; whereas in the north-east monsoon group, the mortality is greatest during the prevalence of the rain current which specially affects these particular areas, that is to say during the last quarter of the year. Whatever view be held as to the effective relation between rainfall and cholera, there can be little doubt that, year after year, a definite relation in time is established in the two contrasted areas in the Madras Presidency, a relation, moreover, which finds supporting evidence in the seasonal prevalence of the disease in other provinces and which is opposed to the usual sequence of events in Lower Bengal.

The rural death-rate was 0·8 per mille, 7·65 per cent. of the total number of villages being attacked, whereas in the towns the average death-rate was 1·5 per mille, only fifty however of the total of ninety-three being affected, and in eleven towns, the number of deaths recorded did not amount to ten in each. The municipal towns suffered at the same rate as the rest (1·5 per mille), the highest mortality occurring in Vaniyambodi (18·7), Gudiyattam (14·2), Tiruppattar (11·3), Hospet and Ambur (10·8) and Salem (9·0).

In connexion with the view "that water contaminated by the specific germ is the chief method of local propagation of the disease," the testimony of the District Medical Officer of Salem, the district chiefly affected, includes one or two suggestive remarks. He says that "the worst outbreaks are invariably in taluks where the population is chiefly dependant on river-water for drinking. It was an impossible task to prevent the use of the infected water, or its constant re-infection. In villages and towns dependant on a well-water-supply, cholera outbreaks have been promptly checked by closing infected wells, and preventing infection of others by appointing caste-watermen and guards."

Coorg.

118. In this small province not a single death from cholera was recorded during the year under review, a fact which it has been possible to record on no less than seven previous occasions during the last 21 years. There were eight deaths in 1898, 106 in 1897 and 49 in 1896.

Bombay.

119. During 1899, cholera is reported to have caused 8,579 deaths throughout the Presidency, or 4,211 more than in the previous year, the millesimal ratio being 0·46 against a quinquennial mean of 1·48. More than half the total, *viz.*, 4,474 occurred in the district of Belgaum, where the death ratio was 4·42 per mille; Karachi district returned 2,394 deaths (4·27 per mille), and Dharwar, with 1,335 deaths, had a ratio of 1·27 per mille.

The disease in its epidemic form was practically confined to these three collectorates; twelve of the twenty-four districts were entirely free from a fatal case, and it is only necessary to note further that there were 111 deaths recorded in the city of Bombay.

Out of a total of 220 rural circles, 26 were affected, but in only 9 did the death-rate from this cause exceed 3 per mille; the disease was most prevalent in one rural circle each of the Karachi and Kanara districts, in five circles of the Belgaum, and in two of the Dharwar district.

Only five of the 56 towns were affected in any notable degree, although 12 in all reported fatal cases; Karachi, with 2,064 deaths suffered severely, the death-rate from this one cause being 21·25 per mille. Next comes the small town of Gokak in the Belgaum district which, with 129 deaths, had a death-rate of 10·66 per mille.

There are altogether 25,143 villages in the Presidency, but only 461 were affected, and considerably more than half of these were in the Belgaum district, where every fourth village was attacked. The average rural death-rate was 0·37 against 1·09 in the towns.

The disease was most prevalent in April and May, and least in January and December.

Burma.

120. There were altogether 4,942 deaths from cholera registered in Lower Burma during 1899, a ratio per mille on the census population of 1·11, as against 0·66 per mille in 1898 and an average of 1·2 for the previous five years. The disease prevailed in every district save one (Toungoo), the highest mortality being registered in Mergui (5·04 per mille), followed by Amherst and Myaugmya with 2·47 and 2·08 per mille, respectively.

The percentage of villages attacked was 6·52 for the whole province, but ranged from 16 in the Irrawaddy division to 2 in Minbu, the average number of deaths recorded on each village being 3 in the former case and 7 in the latter.

The rural death-rate was 1·01 per mille of population against 1·79 for the towns, the mortality in Mergui (17.95), Ngathamggyaung (7.49), and Moulmein (6·67) chiefly accounting for the excess in the latter category. Out of a total of 33 town-circles, 25 were infected, and 15 returned a death-rate above the average for the province, but the most marked instances have been referred to.

It is noted by the Sanitary Commissioner that the 4,942 deaths recorded represent a mortality of 95.31 per cent. on the total number of cases reported, *viz.*, 5,185; this fact was alluded to in the previous section not only as indicating defective registration, but as emphasizing the difficulties attending enquiries into the etiology of the disease, in its epidemiological aspect.

In Upper Burma, the number of cholera deaths registered in the twelve selected districts in 1899, was 2,050 or 0·84 per mille of the population, against 1·11 for the lower province. Only two of the districts were free from the disease in its fatal form, but only 4·7 per cent. of the total number of villages were attacked; the highest mortality was recorded in the Mandalay district with 1·58 per mille (568 deaths) followed by Saigang with 1·45 per mille (356 deaths).

The rural death-rate was 0·79 per mille, compared with an average of 1·17 in the towns, eight out of the thirteen among the latter being affected, by far the highest mortality being recorded in Monywa, where 133 deaths furnished a death-rate of 21·06 per mille.

In both Upper and Lower Burma the season of maximum prevalence was the period from April to October inclusive, but while the disease was epidemic in each month throughout the year in the latter area, no deaths were reported in Upper Burma in January and February.

Summary of cholera registers.

121. The European troops and the prison population shared the general immunity from cholera enjoyed by the people. Only one case, and this had a fatal result, was recorded among the former; this phenomenal freedom from the disease has no parallel in the medical annals of the army in India. The single victim, an artilleryman, was a patient in hospital, where he had been under treatment for 20 days for palpitation of the heart; at the time, cholera was prevalent among the native population of the cantonment (Mian Mir), and a follower of the battery was seized with the disease and admitted to hospital in the same enclosure as the European Ward. The soldier in question, who was a patient in the latter ward, was attacked four days later with a fatal result. Twenty-seven inmates of the same hospital were promptly removed to an empty barrack and no other case occurred among the troops, although six more of the followers in the lines were attacked.

The virus in this case was abundantly present in the surroundings, but nothing definite was ascertained as to the means of infection of the one European victim.

Among the jail population, with an aggregate average strength of 98,275, there were only 84 cases of which 51 ended fatally; and these were distributed among 18 jails, of which 8 are in Burma, 4 in Bengal, 2 in Assam, 2 in Madras, and 1 each in the North-Western Provinces and the Central Provinces. But the only considerable outbreaks were in the Gauhati Jail (Assam) which returned 25 cases with 18 deaths, and in Moulmein Jail (Burma) where there were 20 cases and 12 deaths; in twelve jails there were only one or two cases recorded in each, and nine of these twelve had each one fatal case.

As regards Gauhati, cholera had been very prevalent in the district and in the immediate surroundings of the jail for over two weeks, when on one day no less than eleven prisoners were attacked, the first of whom and four altogether, had been employed in the jail garden, and none of whom had been less than one month in confinement. The garden is watered by a foul tank, the water of which was also used by two sweepers, subsequently attacked, for cleansing the latrine gumlahs. The prison water-supply is derived from the Brahmaputra river, which is filtered under the auspices of the local municipality and subsequently boiled before use by the prisoners, but is insufficient for bathing purposes, unfiltered water from the same source being laid on; prisoners are known to drink from this bathing supply, and they were also in the habit of washing their hands and feet in the garden tank. Persons having business relations with the jail also had access to the garden, and it is suggested that they infected this source. Having regard to the habit of natives of washing out their mouths after ablution, the medical officer concludes that all the evidence available points strongly to the tank-water as the mode of infection, as no less than seven men attacked, including four of the first cases, were employed in labour that brought them into intimate association therewith. Three barracks and the hospital, accommodating altogether 65 men and in which 14 cases had occurred, were evacuated, and the occupants moved into extramural camps; no case occurred subsequent to this movement.

In Moulmein town, cholera had been prevalent for over four months and cases had occurred in the bazaars in the vicinity of the jail; it is also stated that the disease was definitely associated with the use of the river water on which the town stands and from which it draws its supplies.

The jail derives its water from the rainfall collected and stored in a reservoir on an uncultivated hill after percolation through the sandstone, whence it is conveyed in a covered conduit, and is subsequently boiled before use by the prisoners, and this source of infection is absolved of any influence in the outbreak. The details given, however, are not sufficiently full and explicit to carry conviction on this point. The prisoner first attacked had been rigorously confined to jail for one year, and the medical officer is at a loss to account for the means of his infection; two of the subsequent cases, however, occurred in the persons of cholera sick attendants. But it is to be noted that out of the fifteen cases that occurred in the jail prior to the movement into camp, fourteen were associated with the two main dormitories and the hospital; the under-trial prisoners and the women who are closely segregated in separate enclosures were entirely free from the disease. The outbreak then presents the features, not of a general epidemic from one common source as from the water-supply, but rather suggests a casual infection of the first case, transmitted to the second victim who was an attendant on the first, and thence spreading by association among men living in close contact.

In the Monywa Jail, where there were eight cases with five deaths, the infection is attributed to the contamination of the food by flies. Two fatal cases of cholera among sepoys were treated in the Military Police Hospital, which is only 171 yards from the jail, only two days before the first prisoner was attacked. The "plague of flies" within and around the jail and the police hospital "was remarkable," and quite unprecedented.

The troops of the Native Army were not nearly so fortunate as their European comrades. Fourteen bodies of men located in twelve separate cantonments or camps were attacked; there were altogether 247 cases with

135 fatalities. The severest outbreak was that to which the 42nd Gurkha Rifles were exposed *en-route* from Shillong to Abbottabad, when 58 men succumbed out of 105 attacked, including five deaths and eight cases among followers. The regiment had embarked at Gauhati where, as we have already seen in connection with the outbreak in the jail, cholera was prevalent. The steamer which was licensed to carry only 800 persons was overcrowded, there being no less than 1,083 souls on board, and fourteen hours only after starting the first cases occurred, two of the wives of the riflemen being attacked. Altogether nine cases, of which eight ended fatally, were under treatment on the first day, the troops, their wives and children and followers being attacked indiscriminately, and for the following ten days the number of cases averaged nine or ten daily. The " spread of the disease was greatly facilitated by the overcrowding and the impossibility of isolating the sick ". Parties of the men and their families were removed to two other vessels, and to camps on shore, which had the desired effect, the epidemic dying out as suddenly as it had arisen. The fact of the overcrowding on board ship has been brought to the notice of the authorities and a report is awaited.

In Mian Mir the disease broke out in three native regiments, in which altogether 85 cases were reported with 41 deaths. Cholera was epidemic in the district, and there is evidence of infected strangers having entered the native cantonment, the water-supply of which, derived from wells, is universally condemned as " impure " by the medical authorities. It would seem most necessary to extend the pipe-supply now laid on for the use of the European troops to the native lines. The first case in one regiment was that of a sepoy who was attacked a few hours of the drinking native lemonade in the bazaar ; infection is also definitely stated to have been conveyed to sick attendants who drank from the soda-water bottles supplied to the sick. Movement of the troops into isolation camps was in all cases immediately and completely successful.

Proportion of buildings which furnished cases.

122. The statement below shows, in all cases where the details are available the number of buildings occupied by the communities attacked, and the proportion which furnished cases of the disease :—

Communities.	Number of buildings occupied by communities attacked.	Number of buildings which furnished cases.	Percentage of buildings which furnished cases.
European troops*	...	...	...
Native troops	1,386	71	5·12
Prisoners	171	41	23·98

* There was only one case which occurred in hospital.

State of the weather during outbreaks.

123. No special relation between particular meteorological conditions and the occurence of cholera was established.

Communication with cholera elsewhere.

124. In the details already given of the more severe outbreaks, it will have been noticed that the disease was invariably prevalent in the neighbourhood. This was the case in Gauhati and in Mian Mir which are associated with the great majority of cases among the troops and prisoners during the past year. In the former district it may be recalled that cholera deaths had been reported from villages in September, and it cannot be doubted that the first fatalities had escaped notice. The 42nd Gurkha Rifles were encamped near Gauhati town from 20th to 23rd of September, and we have seen that the first cases of a severe epidemic occurred about 14 hours after leaving that place.

On the 24th of September the same camp was occupied by the 3rd Bengal Infantry, which left on 25th, and on arrival at the next halting place, the same day, one of the followers and two of the sepoys of the regiment were attacked by cholera, and altogether up to the 29th there were ten cases and seven deaths. Following on this, we have the outbreak in the jail, from the 15th to 20th October which has already been discussed. In Mian Mir the disease was generally prevalent in villages around, and it is definitely stated that there was free inter-communication, and that the outbreak in the 17th Bengal Cavalry occurred on the day following the visit of a villager, who passed a night near the lines and who, the next day, fell ill of the disease in Lahore. Several other instances are quoted of the disease following closely on visits paid by the victims to places known to be infected.

Attendants attacked by the disease.

125. The total number of cases treated among the troops and their followers, and the prison population was 322; the aggregate number of sick attendants was 427, and of these last eight persons in all were attacked, or about 1·8 per cent.. Some of these are stated to have incurred the disease by gross carelessness as regards the simplest precautions, for example, eating with unwashed hands, and drinking from the vessels provided for the sick.

Sanitary defects in connection with outbreaks.

126. The overcrowding on the transport on which the 42nd Gurkhas were embarked when the disease broke out has already been alluded to. The water-supply from wells in the native cantonment at Mian Mir is notoriously bad. In Dehra Dun the outbreak in the 1-2nd Gurkhas was attributed to contamination by cholera excreta of the surface irrigation channels, from which the women and children, at any rate, are known to drink, in preference to the carefully conserved supply from a spring some four miles away, and which is laid on by means of a closed aqueduct. All the nine cases occurred in the married quarters, and all but one among the women and children of the regiment. The insufficiency of the water-supply of the Gauhati Jail and the provision of unfiltered water for bathing purposes from the Brahmaputra, which is open to gross pollution, have been noted.

In the reports of previous years ample evidence is given of the value of judicious movement of bodies of men among whom the disease has broken out; the registers of the past year testify emphatically to the great and immediate practical advantages of this established procedure, though it is only one of a series of precautions, the whole direction of which is to eliminate one or other of the chief factors from the chain of causation.

It will be interesting to many to see the actual figures showing the death rate from cholera during the last 20 years in the three groups just mentioned and in the general population, even though all discussion of their significance be avoided on this occasion. The ratios of mortality attributed to the general population must however be understood to be only an approximation to the truth, which defective registration makes it impossible to obtain.

Death-rates from cholera per mille of population for the past 20 years in four quinquennial periods.

	1880-84.	1885-89.	1890-94.	1895-99.
European troops	1·83	1·55	1·44	0·55
Native troops	0·87	1·40	1·48	0·50
Jails	2·04	3·63	2·47	1·35
General population	1·15	1·55	1·59	1·54

Small-pox in India and its provinces.

127. The mortality ratio of India from small-pox was in 1899 reduced by 17 per cent from that of the preceding year, and by 43 per cent. from that of the quinquennium 1894-98. The highest numbers of deaths occurred in the months of May, April and March; and the lowest in the months of September, October and November. The reduction of deaths was greatest in January and February, and continued up to the end of August; after which there was an increase, greatest in November and December. The total number of deaths for the year was 53,347 against 62,517. Only in the Punjab, the Central Provinces, and Lower Burma, among the larger provinces, was the mortality higher than in 1898; and only in Lower Burma and Madras was it higher than the quinquennial ratio. The greatest reduction from the quinquennial ratio was in Assam, and the greatest increase in Lower Burma.

Table I in Appendix C shows the mortality from small-pox in the different provincial registration areas of India in 1899 month by month, and also, to save repetition in writing, some further useful comparative details.

The highest rural district ratios in India were those of Dewair in Ajmer-Merwara and Puri in Bengal; and the highest town ratios those of Hassan in Mysore, Kawkareik in Lower Burma, and Peshawar in the Punjab. Dewair rural area and Kawkareik town showed the greatest increases over the ratios of the preceding year. The greatest percentage of rural districts with high mortality was in Madras, and the greatest number of districts without small-pox mortality in Bombay. The greatest percentage of towns with high small-pox mortality was in Mysore, and the greatest number of towns without small-pox mortality in Berar. The proportion of child-mortality in total small-pox mortality was highest in the Punjab, and lowest in Coorg. There were 2 deaths from small-pox among the European seamen in the port of Calcutta, against none in the three preceding years; but there were none in the native floating population. In the Bombay harbour only one case of small-pox was observed, in the person of a European passenger who arrived by mail steamer.

Remarks by provincial Sanitary Commissioners.

128. The following are the more interesting of the remarks made on the subject of small-pox by the Sanitary Commissioners of the various provinces :—

Bengal.—As in the previous year, the three highest ratios were those of Puri, Cuttack, and Balasore. In fact, over two-thirds of the total deaths from this cause in the province were returned by Orissa alone. Although the death-rate in Puri is lower than that in 1898, it was still very high, and was due to the continuation of the outbreak which began last year, the epidemic being chiefly confined to thanas Puri, Pipli, and Khurda. As regards the very severe prevalence of the disease in Cuttack, the Civil Surgeon reports as follows :—" The disease was prevalent during March to July in Salepur, Jagatsingpur, and Jajpur, where people resort to inoculation. Cases of inoculation from these places were sent up for trial in the magistrate's court, and all the cases were proved against the culprits, who were heavily fined. The cause of the heavy mortality from this disease is the want of protection by vaccination, as the people are intensely ignorant, and do not appreciate the beneficial effect of this prophylactic, but always resort to inoculation."

Assam.—The disease has been very satisfactorily kept under by efficient vaccination in the Surma valley, especially in the Cachar district, in which it was practically non-existent. In the Brahmaputra valley the results were not quite so good; many large sections of the people entirely refuse vaccination; and, as it cannot be forced upon them, the only thing we can do is to wait until the mortality rises so high that their fears overcome their prejudices. The Darrang district was the worst.

Central Provinces.—As usual, the disease was most prevalent in the hot months, and declined in the cold season, although December proved an exception to the rule.

Berar.—Small-pox was not so wide spread or so intense as in the previous year. There were 305 deaths in 165 villages as against 592 in 251.

Madras.—It must be remembered that vaccination is not compulsory in rural areas, and although a large section of the population appreciates its benefits, there is still some repugnance in submitting to the operation. Even where the mothers have no objection to the operation, it is difficult to convince them that infants under one year of age can successfully bear the operation. Hence the risk to infantile life is considerable, more especially as a Hindu mother considers it necessary to show respect to the goddess of small-pox by joining in assemblies in crowded rooms, where, in the presence of the small-pox patient, ceremonies are performed to the deity. Revaccination, which, as the population emerges from being but a partially-protected to being a fairly-protected population, must become of greater importance, is rendered difficult in advance by it being conceived that small-pox is a disease of infancy, from which the adult has little real cause to protect himself—a conviction obviously of the same origin as the European estimate of measles, namely, that infection spares not the child, but passes over the adult, who, it is apt to be forgotten, has usually acquired immunity consequent upon an attack of the disease in infancy. The appearance of small-pox in a localty is at once followed by special vaccinators being deputed to the spot, but, unfortunately, it does not follow, in certain areas, that their services will be utilized by the people, as a distinct prejudice against vaccination being conducted in epidemics is often met with. Disinfection of infected houses and clothing is also employed. Much prejudice was encountered, in the preceding year, against vaccination—the people having hopelessly confused the operation of inoculation against plague with that against small-pox; or, put in other words, an opinion existed that plague was being spread amongst the people by inoculation under the guise of vaccination. Happily, what at one time threatened to be a serious cause of retardation of vaccination has now subsided, as a result of commonsense prevailing over the hysteria of panic.

Coorg.—In every instance where the disease broke out, the first case was an imported one. "It is satisfactory," adds the Commissioner of Coorg, "to note that the public have regained their confidence in vaccination measures, which was seriously shaken by the plague inoculation scare, and freely come forward to be protected. It must be remembered that vaccination is only compulsory in the municipal towns."

Bombay.—The number of deaths from small-pox during the year, though higher than in the preceding year, was the lowest recorded, with two exceptions, during the last twelve years. The figures may be considered very satisfactory, and they testify to the exceedingly good vaccination work which now for some years has been done in the presidency.

Burma.—The importation of small-pox and its dissemination throughout the province are attributed to the unprotected cooly immigrants from India, large numbers of whom come to the country, during the harvest season to reap the rice crop, and it is to be noted that small-pox prevalence was greatest in the Pegu division in the areas adjoining Rangoon. Most of the district reports assign the cause of the first cases to importation, and its further spread to the practice of inoculation, which would appear to be general throughout the province, and to be resorted to by the people as a protective measure when epidemic small-pox appears. Though inoculation is undoubtedly an active agent in the diffusion of infection, yet the most potent cause is insufficient protection of the people by vaccination; for experience elsewhere has conclusively demonstrated the protective influence of efficient vaccination, and how small-pox mortality decreases in direct proportion to the protection of the population by vaccination. In Germany, for instance, where nearly every one undergoes vaccination and revaccination, there is but little small-pox.

Plague in India in 1899.

129. There was a great increase of plague mortality in Bengal, the Central Provinces, Bombay, Madras, Mysore, and Hyderabad; while it fell off in the North-Western Provinces and Oudh, the Punjab, and Rajputana. Imported or suspicious cases were discovered for the first time in Berar, Ajmer-Merwara and Burma; but none in Baluchistan. Neither imported nor indigenous cases were observed in Assam or

Coorg. The following table shows the statistics, so far as they have been received in this office:—

Statement showing the deaths from plague registers in the different Provinces, etc., by months during the year 1899.

Province or State.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
													1899.	1898.
Bengal	13	43	1,061	597	229	54	55	212	203	225	217	355	3,264	219
Assam	...	...	...	...	...	...	...	...	...	...	...	...	...	...
N.-W. Provinces and Oudh.	...	...	...	...	...	...	...	...	...	...	1	6	7	148
Punjab	4	14	29	125	31	8	3	...	1	9	10	21	255	2,019
Central Provinces	59	24	18	10	4	...	1	22	113	193	95	45	584	131
Berar	...	...	...	...	...	...	...	...	2	...	...	...	2	...
Burma	1	...	...	...	...	...	...	...	...	1	...	...	2	...
Madras Presidency	387	575	245	78	29	13	18	15	37	52	68	141	1,658	557
Bombay „	6,933	7,429	8,964	5,303	2,955	1,826	7,343	13,992	16,974	14,526	6,322	4,029	96,596	86,191
Bombay Presidency (Native States).	416	1,332	1,415	1,217	729	447	1,476	2,796	3,057	3,648	2,039	855	19,427	17,672*
Baluchistan	...	...	...	...	...	...	...	...	...	...	...	...	...	18†
Ajmer-Merwara	...	...	...	...	...	...	...	1	...	...	...	...	1	...
Rajputana	2	5	3	...	...	...	1	4	...	1	1	6	23	124
Central India	...	...	...	...	1	...	...	...	...	...	1	...	2	3
Coorg	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mysore	3,272	1,797	899	396	313	247	487	589	639	768	632	771	10,810	5,335
Hyderabad State	399	520	602	66	26	43	637	809	1,032	1,382	576	286	6,378	3,868
TOTAL	11,486	11,739	13,236	7,792	4,317	2,638	10,021	18,440	22,058	20,805	9,962	6,515	139,009	116,285

* From 1st January to 30th December 1898.

† Imported cases.

Before the completion of this report for the year 1899, Chapter VI of the Report of the Indian Plague Commission, dealing with "Measures for the Suppression of Plague," has been received in India; and in a Resolution on it, dated the 16th July 1900, the Government of India has laid down the rules of the general policy to be adopted throughout the country. It has, therefore, not been considered necessary in the following pages to record details of local procedure systematically, though some may be given incidentally. The resolution imposes not a new but a more fixed policy: it clears up and settles points that were disputed, establishes well-tried measures, improves others, and rejects such as experience has shown to be inexpedient or impossible.

The following are short notes on a few points of scientific and practical interest concerning plague.

Insects(1).

130. The question as to the participation of insects in the conveyance of plague is far from settled. In Oporto one patient suffering from the pustular form of plague, said that his disease began from a bug-bite; and it was judged that the first man attacked in Sydney had been infected by a flea-bite. It is considered probable by some that the infectivity of old rags resides in the fleas harboured therein; and it has even been suggested that man is but incidently affected by the rat-disease, plague, which, but for the mediation of insects, would remain confined to rodents. Daly of Newchang has reported a case in which a servant carried out a dead rat in his hands, and was attacked by plague the following day. The shortness

of the incubation period suggests the possibility of previous infection. Otherwise, similar cases, reported by Simond and by Hankin, have been noticed in previous reports. Matignon in Mongolia noted, like Yersin, a heavy mortality among flies in plague time. The chief of the Pasteur Institute, M. Duclaux, evidently believes in the likelihood of the transmission of plague by insects, as among prophylactic measures he advocates the destruction of rats, fleas, and bugs On the other hand, on page 172 of the report for 1898, Müller, of the Austrian Plague Commission which visited India, is quoted as not having found any evidence of the agency of insects in the conveyance of infection ; and in the bacteriological part of the report, since published, Albrecht and Ghon state that they saw no striking mortality among flies, and that in about 700 experiments with animals they never saw infection take place by fleas, flies, lice, etc. They found, however, that flies which had been in contact with infective matter and were then allowed to run about over the surface of an appropriate nutrient medium, left germs behind them, which developed into colonies of the plague bacillus. On page 182 of the report for 1897 were given the conclusions of Simond with regard to the rôle of insects in the spread of plague. E. Calmette having stated that Simond had " proved that fleas are the chief agent of infection in this terrible disease," Nuttall replied :—

> The fact is that Simond has proved nothing of the kind, and it is altogether premature to accept Simond's generalizations, especially when that author does not know how to distinguish one species of flea from another, and has vague ideas about the mouse-flea and *Pulex irritans* possibly being one and the same insect. The experiments of Simond may be suggestive, but they are far too few in number to base any conclusions upon. A number of experiments made by me have given negative results. Simond rides his hobby to death when he speculates about the possibility of plague bacilli becoming increased in virulence by passing through the body of the flea ! He ignores the facts established by my experiments which proved conclusively that various pathogenic bacteria are simply digested in the alimentary canal of the flea. I by no means deny the possibility of virulent bacilli escaping in the fæces, and, in fact, in experiments on bugs have proved that this is the case, but only within the first twenty-four hours after they have sucked infected blood. Numerous experiments on bugs and fleas have shown that *B. pestis*, *B. anthracis*, *B. murisepticus*, and *B. choleræ gallinarum* die off in the alimentary canal of these insects. Another considerable series of experiments in which these insects were allowed to infect themselves and afterwards bite healthy animals gave uniformly negative results, proving that if this mode of infection is possible, it is the exception and not the rule. Of course when an insect that has just filled itself with infected blood is crushed upon the skin, and the part scratched, infection may occur . . . . I express the hope that more accurate knowledge will be gained in the future upon the part played by insects, etc., in the transmission of disease-agents. It is one thing to establish facts, it is another to write fancies. The time has passed when assertions can be accepted as evidence.

Galli-Valerio also reproached Simond with his ignorance of the flea fauna, and published an article containing descriptions and illustrations of fleas of man, of the rat, and of the mouse. He granted the possibility of the rat and the mouse being infected by their own flea, but pointed out that it had not been shown that the flea of the rat or the mouse could transmit the disease to man. Galli-Valerio also failed to induce the *Typhlopsylla musculi*, the most common flea of rats and mice, to bite himself, or even to remain long on his body ; and he mentions that this was not because he is refractory to flea-bites, because the human flea bites him readily. He noted that neither the German Plague Commission in India nor the Italian in Oporto met with instances of the transmission of plague from rats by fleas to man ; and added his own opinion that if transmission of plague by fleas is a fact, it is much more probable that the transmission is from man to man by the *Pulex irritans*. Tidswell in Australia is stated to have " confirmed the observations of Simond as to the part played by fleas, and to have demonstrated the existence of plague in the alimentary canal of fleas taken from plague-infected rats ;" and " supports the view that, owing to the apparent ease with which the bacillus can be destroyed in nature, plague most likely finds the best mode of dissemination in hosts such as the rat and flea." Nuttall's remarks quoted above may serve as a commentary on the value of Tidswell's find as a proof of insect-transmission of plague. A writer in the *Lancet* says—" Galli-Valerio's rat-fleas would not bite him ; but that proves nothing, for no flea will bite the present writer, and many other people doubtless." He had apparently not noticed that Galli-Valerio, as quoted above from the original article, distinctly states that he is readily bitten by the human flea. Blackmore, again, is of opinion that it is only reasonable to suppose that the species of fleas which do bite human beings are as capable of conveying the disease from a diseased person to a healthy person as the flea of a rat is of conveying it from a diseased rat to a healthy one ; and that it is in fact, judging by clinical experience, extremely probable that vermin play an active part in passing plague on from person to person. It has lately been brought to notice that a hymenopterous insect in Cyprus can transmit anthrax to human beings either by its sting or by accidentally rubbing off on an abraded surface infective material conveyed on its body hairs; and with regard to this Dr. Manson "remarked upon the close analogy between the method of infection in plague and such diseases as this." In a discussion in Berlin in October 1899, Pfeiffer said that the experiments of Simond were not quite satisfactory, that the whole question was still in obscurity, and that in India no such epidemiological influence of insects had been demonstrable. Sticker considered it doubtful whether rat-fleas ever came on to men. Gärtner pointed out that in general the several races of fleas remained confined each to its own host-genus ; but that it was not impossible that they might occasionally pay short visits to men, have a sample bite, and then go away. Battlehner declared that there were from 60 to 80 races of fleas, that each kind of animal had its own special flea, and that the flea of man was a cosmopolitan, though he was not sure that it went to rats and mice. The general result of the discussion was that the possibility of the agency of insects could not be disregarded, as it was evidently physically possible that they might be directly or indirectly concerned in the introduction of the virus through skin, or in its deposition upon food, implements, and furniture. The following appears to give a fairly good account of the present position of the question. It is said to have been written by a member of the German Plague Commission in reply to an inquiry :—

> The plague is spread in two ways,—first, from man to man : (*a*) by contact, and (*b*) by inhalation ; secondly, from the surroundings of man to man—(*c*) by contact with infected inanimate objects, and (*d*) by the transfer of the contagion from rats to man. We have no difficulty in explaining (*a*) as the penetration of plague germs through wounds or scratches and (*b*) as the inhalation of minute germ-laden drops of moisture from the lungs of a plague patient. But the second method is less simple. No doubt contact with infected clothes is to be explained as in (*a*). But it is more difficult to understand why living among infected surroundings, *i. e.*, in an infected house, should cause infection without there having been any proved 'contact.' In this connexion we have the disease of rats as an important factor, a factor not similarly observed in the case of any other infectious disease. Rats generally suffer from a form of plague which occurs in man very rarely, if at all, namely, plague of the intestines. When thus diseased they evacuate great quantities of plague germs. It is probable that numbers of plague case among human

beings are due to contact with evacuations of diseased rats, *e.g.*, in the case of the flooring thus contaminated being trodden on by the naked foot. Less probable is the inhalation of such germs in the floor dust, because plague germs are easily destroyed by desiccation. Children often infect themselves by crawling on the floor, and then putting their fingers in the mouth; thus getting plague with neck buboes. A second possible method in which rats might convey the plague to human beings is by fleas. It is scarcely to be doubted that a flea which has bitten a sick man, and then bites a healthy man, can thus inoculate with the plague; though it is not clear that this method is as frequent as many investigators, *e.g.*, the French school., are inclined to think. This much is certain, namely, that there are from 60 to 80 different kinds of fleas; and nearly every animal rejoices in his own particular kind of flea; so also rats. Now, it is understood that fleas go from beasts to man; but it is not so certain that they will all bite man. No doubt a flea need not actually bite in order to infect. If it causes itching by crawling on the skin, and the person concerned rubs at himself to allay the itching, he may conceivably rub the infected blood from the flea into his own system. It is also asserted that the fleas infesting man are of catholic tastes, *i.e.*, go over to beasts, *e.g.*, rats, and then return, infected, to human beings. Infection by fleas becomes rather doubtful through the fact that in India the relatives of the sick have often, though not sick themselves, been taken to the hospital and have rarely fallen ill, though they most probably have brought fleas in their clothes which might have conveyed the disease from the patients to themselves. It is also on the flea theory of infection not easily intelligible why doctors and nurses are so rarely attacked. The question of infection of plague by fleas cannot therefore be readily answered at present. The fact that when infected houses are once well cleaned and aired, they do not give rise to further attacks, also speaks against the flea and bug theory; for these are not so readily driven out of houses.

The idea that insects play a part in the propagation of plague is fascinating, especially at the present time, and no doubt the supposed intervention of insects seems to explain some otherwise obscure points in the epidemiology of the disease; but all that can be said at present on the subject must be mere theorizing, on account of the absence of facts. As was said in the report for 1897, however (page 186), there is sufficient suspicion attaching to the possible rôle of insects not only to justify but to call for further research.

Rats (²).

131. While from several parts of the world (Asia, Africa, Australia) reports have been received of the discovery of the plague bacillus in the bodies of rats found dead of naturally-acquired plague, and while rat mortality has been noticed in connexion with most outbreaks; yet cases have been recorded both in India and in Europe where there was no marked participation of rats, and at the time of a human outbreak in Russia a veterinary bacteriologist is said to have made more than 3,000 *postmortem* examinations of rodents without being able to find the plague bacillus.* In fact, the exact connexion between rat-plague and human plague has not yet been determined. The soil, articles of food eaten raw, fleas, have been thought of as possible links in the chain of causation, and the benefit of evacuation of affected premises has been ascribed to the fact that the rats are left behind. In a few cases direct infection by the bites of rats has been observed. Clemow, in the course of a very valuable paper dealing, among other subjects, with the relation of rats to plague, says that for the present it must be admitted that rats can and do suffer from plague under natural conditions; that they can and do act as a means of diffusing infection, and transmitting it to man; but that the extent to which they are responsible for the diffusion of the disease, and the distance over which they diffuse it, are uncertain; and, finally,

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* The absence of rat infection was supposed to explain the ease with which this outbreak was controlled.

that they are an important, but not the sole, means of spreading the disease. It has, therefore, been proposed to wage war against rats with traps, poisons, suffocating gases, artificially induced epidemic diseases. Löffler, Laser, Mereshkowsky, Issatchenko, and Danysz, all, isolated from cases of spontaneous disease in mice, microbes capable of producing epidemic outbreaks in these animals; but only Danysz so far, apparently, has rendered his microbe regularly virulent for rats. The practical experiments in ridding country-sides of field mice do not seem to have been uniformly successful, and do appear to have required some amount of care and skill; and the question may be, not whether rats are to be destroyed, but whether it is practicable to destroy them. It has been somewhat pertinently asked,—"If the plague bacillus, to which rats are so extremely susceptible, does not exterminate the rats, why is it expected that these other microbes will do so?" However, perhaps keeping down the number of rats by the use of a microbe not pathogenic to man, might have some effect in checking plague. On the other hand, it is not known whether the absence of rats might not give opportunity for the increase of some other evil.

Cats (3). Dogs. Monkeys.

132. There is this year, for the first time, some evidence to bring forward to show that cats may occasionally take a part in the spread of plague. Lorans in Mauritius mentions that in several cases it was possible to trace infection in the human subject to plague-stricken cats with open cervical buboes, in which, moreover, plague bacilli were discovered. A case, too, is reported from Australia in which a cat was actually found to be suffering from plague, the bacillus being found in the swollen cervical glands. The Austrian Plague Commission succeeded in infecting three cats by feeding, and all developed cervical buboes; and Di Mattei points out that the excrement of infected cats is infectious. Some less definite reports on plague in cats have also been made. The Austrian Commission, too, found the excrement of infected dogs to be dangerous; and, according to Yersin, village dogs have been known to die from eating or biting infected rats. A case has been reported by Hanna of natural infection of a monkey in a state of captivity. The body of the animal was examined in the Bombay Plague Research Laboratory, and the plague bacillus was demonstrated microscopically and culturally in the heart blood and in the tissue of the axillary bubo and of the spleen.

The Bacillus (4).

133. With reference to what was said in paragraph 154 of the report for 1898, it may be noted that Ogata has, with the agreement and consent of Kitasato, reported to the Japanese Government that the plague at Kobe was caused by the bacillus of Yersin, and not by that of Kitasato.

Mode of entrance (5).

134. One of the most important observations made by the Austrian Plague Commission was the fact that they could infect a guinea-pig, etc., by rubbing without any great force the skin, shaved or not, of one of the hinder extremities with infective material. So readily did infection take place by this method that they were able to use it as a test for the presence of the plague bacillus in suspected material; for example, fæces.

Danger from convalescents (6).

135. It has been shown by Gottschlich and by Métin that the sputum of patients may continue to harbour virulent plague bacilli for days or weeks after convalescence has been established.

Endemic centres (7). Westward spread.

136. Zabolotny and Clemow have published memoirs on the endemic centres of plague throughout the world. Clemow concludes that the present epidemic of plague started from South China. In certain quarters the fear was expressed that plague might be exported from India by small sailing vessels which ply between Cutch Mandvi and Madagascar, Zanzibar, Mauritius, Jeddah, and the Persian Gulf; but no such transport of plague has been proved, and the arrangements at Cutch for the inspection of vessels sailing to ports out of India were, on inquiry in 1899, found to comply with the terms of the Venice Sanitary Convention.

Past and present pandemics (8).

137. One of the medical journals has recently published a series of original articles on plague, among them an interesting sketch of the various pandemics known to history, the account of the present one being brought up to date for all countries.

Plague in Egypt (9).

138. Instructive reports on the plague in Egypt have been published by the Egyptian Sanitary Department, and also by Gottschlich, an officer of the department, embracing such topics as the origin of the epidemic, the epidemiology (including the part played by rats, in this case not conspicuous), statistics, clinical observations (including a case of injury to the left little finger at a *postmortem* examination on the 29th May and appearance of the axillary bubo on the 3rd June; and cases in which the bacillus was found in the sputum of patients many days convalescent from pneumonic plague), bacteriological researches (including diagnosis, degree of virulence, resistence of the bacillus to unfavourable environment, Haffkine's vaccine, experiments on animals), considerations as to how the bacillus leaves the body of a patient, and, finally, the measures adopted and their effect.

Plague in the Bombay Presidency.

139. At the end of 1896 there had been a total of 2,909 attacks and 2,086 deaths from plague; 61,093 attacks and 46,944 deaths were recorded during 1897; 1898 saw 110,369 attacks and 86,191 deaths; while in 1899, as may be seen in the table in paragraph 129, 126,287 attacks and 96,596 deaths were registered. The epidemic continued throughout the year, and was at its lowest intensity in June and reached its maximum in September. Only one district, Thar and Parkar, remained uninfected throughout the year. The number of towns and villages affected was 2,256 against 1,188 in 1898. The highest ratios of mortality were in the collectorates of Poona (17·94), Belgam (12·63), and Nasik (10·03).

In the Poona collectorate, plague occurred in all the talukas. The maximum mortality, 5,947, took place in August. The greatest number of deaths from plague, 10,229, was recorded in the town of Poona; this epidemic of exceptional severity causing the flight of about half the population. The Haveli Taluka in which the city of Poona is situated returned 5,037 more deaths from the disease. In the city, cases occurred in every month of the year, but from May 1898 up to February 1899, it is said to have been free from *indigenous* cases, though the occurrence of 37 imported cases caused anxiety. Thirteen of the 37 were detected at the railway station; seven also came by rail, but were not detected till after the persons had become residents; and seventeen were imported from neighbouring villages. Of the last mentioned 24, five were discovered by means of death-certificates, two were found ill on the road, two occurred in an observation camp, and fifteen were discovered by the surveillance system. Every effort was put forth to prevent the establishment of infection, and up to the middle of February no spread of the disease occurred. But in spite of all precautions, plague became indigenous towards the end of February, and gradually broke out into the sever-epidemic just mentioned. In the whole collectorate 262 towns and villages were affected and there were 25,239 attacks and 19,047 deaths reported.

As in 1898, the disease was prevalent in Belgam during the entire year. In 1899 it had reached its minimum in April, but from that month, it showed an increase till in August the maximum was reached, and for the next two months the mortality was nearly the same, after which a decline set in. The total for the year was 335 towns and villages, 17,875 attacks and 12,772 deaths. Dharwar was affected during the whole year. The year opened with 1,869 deaths in January, and the disease gradually declined till April, when the minimum, 96 deaths, was recorded; it again increased rapidly when the maximum, 1,917 deaths, was reached in October, 382 towns and villages were affected, and there were 12,066 attacks and 9,183 deaths reported. The collectorate of Satara was affected throughout the year, and in all registration circles, except Malcolmpeth. The highest mortality, 2,358, took place in October. Amongst the circles, Karad rural circle returned 2,405 deaths. The town of Karad recorded 908 deaths. In the whole collectorate 298 towns and villages were affected, and there were 12,175 attacks and 8,740 deaths. Nasik was affected during the whole year. From January to June it was to a limited extent, but the mortality suddenly rose from 130 deaths in June to 768 deaths in July, and continued increasing until the maximum was reached in September, when 2,976 deaths were recorded. It declined just as rapidly, and the minimum was recorded in December, *viz.*, 27 deaths. One hundred and fifty-four towns and villages were affected, and there were 10,791 attack and 8,441 deaths reported. The Thana district was affected during the whole year, as in 1898. In January the disease was on the increase, and this continued until March, when the maximum number of deaths, 970, took place, and then gradually declined until December, when 152 deaths were recorded. The total for the year was 146 towns and villages, 4,996 attacks and 4,362 deaths. The collectorate of Bijapur was affected throughout the year. The disease, which had commenced in September 1898, was on the increase in December, but in January 1899 there was a sudden fall, which continued until May, when there were only 5 deaths. The mortality then rose to 12 in June. In July it assumed a greater intensity, and in October it reached the maximum 752, and fell in November to 535, and in December to 250. In all there were 124 towns and villages affected, and 3,935 attacks and 3,074 deaths. The plague was at its highest intensity in the Kurrachee district in March, April and May, after which it was kept within narrow limits. Kurrachee town circle suffered the most during the year. In the whole collectorate 20 towns and villages were affected, and there were 3,235 attacks and 2,359 deaths reported.

In fourteen Native States of Bombay occurred 19,427 deaths from plague; 13,566 in Kolhapur, 1,973 in Cutch, 1,883 in Baroda, and lesser numbers, decreasingly, in Aundh, Bhor, Savanur, Rewa Kantha, Kathiawar, Akalkote, Janjira, Palanpur, Savantvadi, Sachin, and Mahi Kantha.

Plague in the city of Bombay.

140. As in 1898, the city of Bombay was affected during the whole year. The total for the year was 19,454 attacks and 15,874 deaths. The monthly distribution of the recorded deaths was as follows:—

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1,591	3,118	4,758	2,315	1,008	228	261	348	368	449	436	994	15,874

The maximum was reached in March and the minimum in June. Already in November and December 1898 the outbreak had begun in twenty of the sections of the city, including Mahim and Worli. In the week ending 3rd January 1899 it started in Middle and Lower Colaba, Khetwadi, Girgaum, Tarwari, and Sewri; in the week ending 10th January in Chukla and Mahalaxmi; in the week ending 24th January in Chowpatti; in the week ending 31st January in Walkeshwar; and in the week ending 7th February in Esplanade. During the outbreak of the first part of the year Fort South and Upper Colaba were but lightly touched, while Esplanade, Mahim, and Worli had mortalities approaching double those they had had in the preceding outbreak. With regard to the second-half of the year nothing can be said for want of the Municipal Commissioner's report, which has not yet been received. The above table, however, shows that there was much less plague in the second-half of the year than in the first. Some remarks applying to 1899 were quoted from the Municipal Commissioner in last year's report. Up to the 31st December 1898, 27,887 persons had been inoculated with Haffkine's prophylactic, up to the 27th December 1899 113,941, and up to the 3rd January 1900 121,206; so that probably about 90,000 were inoculated in 1899. Besides plague, relapsing fever was also present throughout the year.

Plague in the Port of Bombay.

141. During the year 65,822 vessels of all sorts, with 1,193,339 crew and passengers were examined. The number includes every person who left Bombay by sea during the year, as well as those who arrived from certain infected ports. Owing to the rigorous nature of the examination and the disinfection of suspicious clothing and bedding, very few fully developed plague cases were found at the time of inspection. The people did not present themselves, if they considered they were in any way suspiciously ill. During the year, 117 cases of plague were prevented from proceeding on vessels leaving the port, 34 cases were found in vessels and native craft in the harbour and at the docks and bandars, and 4 were found on vessels coming from infected ports close to Bombay; making a total of 155 plague cases. The number of persons who developed plague among those segregated in the camp during the year was 121. Three steamers entered the harbour each with a case of plague on board, and one landed a native passenger suffering from plague at an intermediate port during her voyage from Hongkong to Bombay. Five ocean-going vessels were reported to have had plague on board after leaving Bombay; but investigation left only one genuine case, that of the *Booldana* for Rangoon. At the time of the inspection of the vessel one of the saloon crew, a native cook, was missing. It turned out that the missing cook was at the time suffering from fever on shore, and did not like to face the inspection. He died of plague on shore a few days after the vessel sailed. The man who developed plague on board after leaving the port, was another native cook who was found to have resided in the same house as that in which the first cook died from plague. The cook who developed plague on board was therefore a "contact." It is only reasonable to suppose that some of the coasting vessels must have conveyed cases to Kurrachee and the small ports north and south of Bombay; but on the whole they must have been comparatively few. The coast ports south of Bombay, to which the majority of the local passengers go, are free from plague. Kurrachee and Cutch Mandvi are the only ports on the coast north of Bombay which are infected, and the disease is said not to have left them since the first outbreak in 1896. Unfortunately, plague

has broken out at foreign ports, but, so far, no country or port can point to Bombay as being the cause of the plague from which it is suffering; at least in no case can outbreaks at foreign ports be traced to the crew or passengers from Bombay. The question of infection by rats and cargo has been dealt with by the Indian Plague Commission. The Health Officer of the Port continues:—

> It is probable that plague of a mild type has been and is widely distributed in the East; and when at times it broke out as a mild epidemic, the high mortality was attributed to an unhealthy season or year. At present every one is on the look out for plague, with the result that the true cause of the high mortality which occurs from time to time is recognized as being due to plague. I may mention that plague is endemic on the Arabian coast of the Red Sea between Leith and Lohea, and that, owing to recurrent epidemics in October 1893, July 1894, August 1895, and October 1896, quarantine was imposed at Suez and Aden against arrivals from the infected ports of the Arabian coast.

Plague in Bengal.

142. The plague deaths shown opposite Bengal in the table in paragraph 129 belong, with the exception of 583, to the city of Calcutta, and in the same city were recorded all but 756 of the total cases. These 756 cases and 583 deaths were furnished by 16 districts, and in all the places the first patient was found to have come from Calcutta. In the Howrah district there were 162 cases and 111 deaths, confined almost exclusively to the municipality, and mostly of local origin. In the Hooghly district there were 20 cases and 14 deaths, which chiefly occurred in the municipal areas, as Hooghly-Chinsurah, Serampore, and Bhadreswar. There were no cases after 5th May. The majority of the cases (106 with 79 deaths) in the 24-Parganas district occurred in the Cossipore-Chitpore municipality, which is practically a suburb of Calcutta, and were reported to be indigenous. Cases from Calcutta also infected the surrounding municipalities. Plague in the district of Dacca was introduced from Calcutta on the 12th February. Between the 15th February and the 3rd March nine other persons, who were infected by contact, died of plague. The disease was carried by a medical man to a neighbouring village. He died on the 23rd February, and between the 24th and 27th there were six other attacks in his house. There were outbreaks in two other villages from infection introduced from Calcutta. Altogether there were 74 cases and 65 deaths. No cases have occurred since May. The disease was introduced into the district of Faridpur by a resident of Bazitpore, who had lived at Hatkhola, Calcutta. He went home ill on the 18th February, and died there the next day. The relations and neighbours who tended him and the medical man who treated him all caught the infection, and communicated it to other persons. Thus, by the middle of March, the disease had spread to seven houses in Bazitpore, and the infection was carried to Shirkhara village, 13 miles distant from Bazitpore. The District Magistrate reported that almost all the cases were pneumonic, and that persons who had attended on their sick relations were generally infected by inhaling the breath of the patients. The total for the district was 32 cases and 30 deaths. Into the village of Jhalwara, about 11 miles distant from the Durbhanga district headquarters, the infection was first brought by two Mahomedans, who arrived from Calcutta on the 7th March. One of them fell ill on the way, and died on the 10th after reaching home; while the other was attacked a day or two later, and died on the 16th. These men communicated the infection to their relations and neighbours; and in all 48 cases and 42 deaths were recorded. Into the Sarun district, wherein 162 cases and 132 deaths occurred, plague was introduced by an Ahir who came from Calcutta, and died of plague in the village of Kutuha on the 22nd January. This was not recognized

as plague at the time, and was reported as fever. The next suspicious death in the village did not occur till January 29th. There was one case on February 12th, but deaths did not become frequent till the end of February; and it was not till March 15th that the local authorities heard of the outbreak and visited the village. Altogether, up to 1st April, 86 cases occurred in the village of Kutuha, 72 of which proved fatal. After a lapse of 28 days two new fatal cases occurred in the village, and the revival was believed to be due to infection carried by a dhobi in the clothes of the patients who had died of plague in Abdul Hai village, where there were 17 cases and 8 deaths in March and April. After the 28th April the district remained free for some months, the disease breaking out again, however, in October, this time at Nayagaon in Sonepore thana. There can be no doubt that the infection came from Kutuha, which is a mile distant. By the end of the month three villages were affected, and 12 fatal cases occurred. Notwithstanding all precautions, the disease gradually spread, and five more villages adjacent to each other in Sonepore thana were affected; 47 cases and 34 deaths being recorded for November and December. The fair at Sonepore, which was close to the infected villages, had consequently to be broken up. In the Patna district were registered 126 cases, 2 in March and 124 in December, with 87 deaths. A Hindu male, who on the 8th March had left his residence at Banstollah, a badly-infected place in Calcutta, while actually suffering from plague, arrived in the Patna city on the 9th, and died the next morning. Another case, also imported from Calcutta, occurred in the town of Behar, and ended fatally on the 24th. There was no further case in the district till November, when the disease reappeared in an epidemic form. The epidemic was introduced into Sheikhpura village in the Barh subdivision by a man coming from Calcutta, and it rapidly spread among the surrounding villages. Thus by the end of the year the town of Barh and about 28 villages, mostly in Barh thana, were affected. There was throughout the most determined and systematic concealment of cases and deaths. The other districts affected were Balasore, Shahabad, Tipperah, Nadia, Mozuffarpore, Khoolna, Singhbhum, and the Sonthal Parganas. The first two had, respectively, 7 cases with 5 deaths and 6 cases with 6 deaths, and the last three, each one fatal case.

Plague in the city and port of Calcutta.

143. As the provincial Sanitary Commissioner has failed to furnish an account of the plague in Calcutta for the calendar year, and as the other reports available are for periods other than the calendar year, this paragraph is somewhat difficult to write. Out of the Bengal total of 3,565 cases and 3,264 deaths, 2,809 cases and 2,681 deaths were recorded in Calcutta; but the local plague authorities have reason to believe that the number of cases and deaths was really much greater. The monthly distribution of the recorded deaths was as follows:—

Jan.	Feb.	March.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
13	43	770	489	199	49	51	201	202	213	196	255	2,681

From October 1898 the disease had remained quiescent. Some few isolated cases were reported, which bacteriological examination showed to be plague; and there were a considerable number of cases sufficiently suspicious to lead to the disinfection of the houses in which they had occurred. The mortality during the whole of this period was above the average, and in the opinion of the Health Officer the greater part of the excess was in fact due to plague. "It was not, however, till the end of February 1899 that the existence of plague was sufficiently demonstrated to warrant a declaration that Calcutta was again infected."

The city wards most affected in 1899 were, from January to June, III, V, VI, I, XXII, and from July to December, XXII, VI, III; V and IX. Major Deane, R. A. M. C., the Special Health Officer, says:—

> It is very clear that during the last six months of 1899, after the epidemic had subsided, the disease was hanging about, and, moreover, doing so in more or less well-defined areas scattered over the city. These areas, in which the majority of plague cases in the 1899 epidemic occurred had their infected foundations laid in 1898. To put the matter in an unconventional way, it looks as though the plague patrols had reconnoitred the city in 1898, and formed outposts, which were reinforced by the main bodies in 1899, and the forces then formed permanent camping-grounds, sending out foraging parties into the surrounding neighbourhood, and then retiring into winter quarters. (In parenthesis let me say here, the above facts seem to indicate a plan of campaign: attack the enemy while in winter quarters.)

The characteristics selected by Major Deane for special remark, says the Lieutenant-Governor, are the very low contagious and infectious properties which the disease has displayed; and in perusing the reports the reader cannot fail to be struck by the remarkable contrast which both the mortality figures of the present visitation and the descriptive passages supplementing them present to the records of the various epidemics which depopulated in earlier times the regions they visited. With regard to the part which rats play in the epidemiology of plague, Major Deane is of the following opinion:—

> So far as Calcutta is concerned, up to the present there is no evidence that rats have had anything to do with the spread of plague, much less that they have been the chief mode of dissemination. So far from the human population having originally contracted infection from rats, the evidence is clear that rats have become infected after human beings, or contemporaneously with them, from a common source. As the epidemic grew worse, so did rat mortality become greater. If we knew how human beings get plague, we should know how rats get it, and *vice versâ*, perhaps.

Three hundred and nine vessels arrived in the port of Calcutta during the year from the plague-infected ports of Bombay, Kurrachee, Hongkong, Penang, Mauritius, and the Hedjaz; but no cases of plague were found on any of these vessels. It appears also that no cases were found in the port or in vessels leaving it.

Plague in the Punjab.

144. The plague mortality statistics of the Punjab for 1899 are given in the table in paragraph 129. The following is condensed from the report of Captain James, I.M.S., the Chief Plague Officer. The province had been reported free of the disease on the 20th September 1898; but the village of Kariam was discovered to be infected on the 1st October 1898, and from that date until September 9th, 1899, a succession of plague-infected villages came under observation and treatment. This second recrudescence of the disease was much smaller than the first epidemic. It was confined to a much smaller area, and fewer villages were infected. There were only 26 villages attacked in the Jullundur and 5 in the Hoshiarpur district. There were altogether 408 cases during this period, of which 220 proved fatal. Of these cases 359 occurred in the Jullundur district, and 213 were fatal. In the Hoshiarpur district occurred 49 cases, of which only 15 terminated fatally. The disease in the Jullundur district had still its former virulence and tendency to spread; but the authorities were able to get much earlier information of villages being infected than in the previous year, and in this way many places escaped with very few seizures. With a few modifications, the measures adopted were the same as in the previous year. The chief feature of the year's epidemic was certainly the evacuation and disinfection

of the comparatively large town of Rahon. The question as to whether plague can lie dormant in a village without cases of illness appearing has not yet been settled. In the case of Kariam it is believed that the disease existed in a mild form among the sweepers sometime before it was discovered. Of the 31 villages which were attacked during the season in the two districts, nine suffered last year. In none of these could any evidence be obtained pointing to the disease being a recrudescence. In most of them there was clear evidence of the disease having been reintroduced from a neighbouring recently-infected village. In the other cases the disease appeared in a fresh quarter of the village and among a new class of the inhabitants, and usually avoided parts infected the previous year. The manner of infection from one village to the next was usually by human agency. But there are one or two facts which were very prominent throughout the epidemic, and are somewhat difficult to explain. The most noticeable was that women were almost always the first persons affected, even when men were suspected of being the means of bringing the infection. Another interesting point was that the first cases very frequently occurred on the outskirts of the village, even in cases in which the entrance to the mohalla was a road leading right through the village. The outlying infected mohalla in many cases faced the last infected village. Numerous cases came to notice where rats seem to have been the media of carrying infection from one part of the village to another. But this year there were no clear cases in which it could be traced that the infection had been brought by rats from another village. In one or two cases, *e.g.*, Shikopur, rats appear to have died before the people got attacked, but in these cases there was also a history of clothes (probably infected) having come from an infected village. In 28 villages of the Jullundur district 8,465 inoculations against plague were performed, and 719 in 7 villages of the Hoshiarpur district. Some interesting points as to the effects of inoculation arose for consideration. The temper of the people was throughout admirable. They have come to appreciate the efficacy of the measures carried out for their benefit, especially evacuation of houses. In several cases they had begun to come out into camp before the plague authorities arrived in the village.

Kariam village in the Jullundur district.—Late in the evening of October 1st a report was received that plague had appeared in Kariam, a village situated about three miles south of Nawashahr, and between the villages of Bhangal, Ghataron, and Hansron, which had been infected during the early part of the year, though Kariam itself up to this time had escaped. Captain Wilkinson, the Plague Medical Officer, visited the village the following morning, and discovered two Chamar boys in adjoining houses, who had well marked symptoms of plague. A woman living in the next adjoining house was beginning an attack of plague. On further inquiries being made, it transpired that at least two other persons had previously suffered from symptoms which were most probably those of plague. Up to the time the village was evacuated all who were attacked were Chamars, and all belonged to the same family. The whole village was evacuated by October 5th, and the systematic disinfection of all the houses completed by the end of the month. But, unfortunately, three persons were attacked with plague. These men had all been working in the village between October 24th and 29th; but they had worked in different parts and only at whitewashing, which is the final stage of the operations, and succeeds the disinfection of the houses with chemical disinfectants. This pointed naturally to some defect in the measures taken. Live rats were seen when the disinfection was first started. None were seen as the disinfection reached completion.

Several dead rats were found during the operations, but Dr. Wilkinson was unable to satisfy himself that they had died of plague. When the village was redisinfected between the 7th and 27th November, in consequence of the occurrence of the cases just mentioned, more dead rats were found, though very few. Finally, after the second disinfection was completed, and before the people returned to their houses, live rats again began to make their appearance in the houses. Since, there has occurred an almost parallel case in the village of Bhangal, in which the cause could be traced, and which appears to furnish a clue to this case. At any rate it gives the only hypothesis which has any facts to support it, *viz.*, that rats can and do reinfect the houses after they have been disinfected.

Langari village in the Hoshiarpur district.—From the 9th October 1898 to the 8th April 1899 there was no case of plague in the Hoshiarpur district. On the 8th April, village Langari, situated a mile and a half to the south-west of Mahilpur, and inhabited principally by Jat Sikhs, was found to contain three cases of high fever in a family of four who left Shikopur on or about the 28th of March 1899. Mussamat Gulab Devi, one of the members of this family, and who only remained free from plague, said that a few days before her departure from Shikopur she found dead rats in her house there, and from last year's experience of Shikopur she was sure that plague would appear in the village. These three cases of Langari were subsequently found to be genuine plague cases; and it turned out that Mussamat Gulab Devi's son was the first plague case at Shikopur.

Plague in the North-Western Provinces and Oudh.

145. The plague statistics of the North-Western Provinces and Oudh for 1899 are shown in the table in paragraph 129. With the exception of a couple of imported cases, one at Moradabad in February and one at Mau (Azamgarh) in November, neither of which gave rise to further cases, the provinces remained free from plague up to nearly the end of the year, when an outbreak took place at the village of Mau Aima, about 22 miles from Allahabad. In this village out of a population of 6,301 nearly a quarter are weavers, many of whom are habitually employed in Bombay, but have been recently obliged to return to their homes, owing to the contraction of the cotton industry. Among these a man named Khizir, with his son and daughter, arrived in Mau Aima on the 23rd of November 1899, and the son was taken ill and died early in December. There is some uncertainty as to the date of his death, but it appears unlikely that he was actually infected at the time of his arrival. The assumption is that he became infected after his return, through the agency of clothing brought with him. The infected portion of the village was evacuated, houses wherein cases had actually occurred were burned, and all possible measures put in force; and these precautions appear to have been successful in confining the outbreak to a small number of persons, but dropping cases were still occurring up to the end of the year, the total number of seizures being 11, with 6 deaths. Inspections at border stations were steadily maintained throughout the year.

Plague in the Central Provinces.

146. In the table in paragraph 129 are given the plague statistics of the Central Provinces for 1899. The total number of deaths was 584, against 131 in 1898. Cases of indigeneous plague occurred in only two districts, Nagpur and Wardha. In the former, the first outbreak was discovered on the 16th February in Circle IV of the Nagpur city; though it was afterwards ascertained that deaths which there was good reason to ascribe to plague, had been occurring

there for some eleven days previously. Both before and after the official recognition of the disease, the people left the infected locality in considerable numbers, and scattered themselves in the suburbs of the town, mostly in garden houses. Several deaths occurred in these places, but none of them became *foci* of the disease, and the outbreak appeared by the end of February to have been completely checked. On the 12th March, however, the disease broke out in Circle III, and from that date till the 6th May cases continued to occur in various parts of the town; generally, but not always, in the vicinity of the circle originally affected. The disease, which was probably imported from Wardha, never during this outbreak assumed the character of an epidemic. From the 7th May till the 12th August the city of Nagpur remained free from plague; but on the latter date the disease again made its appearance, and continued till the end of the year. The first discovered case was in the person of a Brahman mendicant, named Mutanah, residing in Circle VII. Although Mutanah was not known to have left the city or visited an infected area for some weeks before his illness, the locality in which he lived had been under observation for some days, as several deaths of a suspicious nature had occurred there. It was subsequently ascertained that a number of pilgrims had gone to the Pandharpur Fair, in the Sholapur district, and returned to Nagpur about the end of July, some of them having also visited Poona and Bombay before doing so. One of these pilgrims, named Baija Bai, soon after her return, fell ill in Circle VII, and died on the 4th August in a house in Circle IV to which she had been removed two days before, the period of her illness extending over a few days. Some other suspicious deaths occurred shortly after in the house adjoining the one in which she was attacked, and a further death of a similar nature took place on the 18th August in the house in which she died. The above circumstances, coupled with the fact that for a further period of 16 days from the discovery of the first verified case, the extension of the disease was confined entirely to Circle VII, that for some time this circle furnished a preponderating proportion of cases, and that the areas affected in the former outbreak had not been specially attacked in this one, appear to indicate that this second outbreak was due to reinfection, and not to recrudescence. The outbreaks which began in the towns of Hinganghat and Wardha in the last quarter of 1898, continued in the first quarter of 1899; and it was during the prevalence of these epidemics that six villages in the Wardha district became infected in the early part of the year. The district, however, remained quite free of the disease from May to October. But in November there was a fresh outbreak in Hinganghat, the source of infection on that occasion having been traced to one Hiraman Kumbar, who, with his family, left Nagpur in October for Hinganghat, where he put up with the Kumbars of that place. Shortly after his arrival, he and several members of his family were attacked with plague, from which they died. The disease then spread among the neighbours; but the outbreak was of short duration, terminating on the 19th November. About this time, a number of Kumbars from the Hinganghat infected locality went to Pulgaon, where, shortly afterwards, three fatal cases of plague occurred amongst them and their caste-fellows. The necessary precautionary measures were adopted, with the result that no fresh cases occurred.

The measures at first taken to prevent the spread of the disease were those detailed on page 187 of the report for 1898. On the 17th September a public notice modifying the rules in force was issued to the following effect:—

(1) No plague patient shall be removed to the plague hospital, unless he or his friends consent.

(2) No contacts shall be removed to the segregation camp against their will, and they may continue to live in the infected house, if they prefer to do so. But, if they decide to leave it, they must undergo the usual period of segregation in the camp before settling elsewhere.

Shortly afterwards the restriction regarding compulsory segregation of contacts before settling elsewhere was removed, and the disinfection of persons and clothes substituted.

As soon as possible after the outbreak of plague, a supply of Haffkine's prophylactic fluid was obtained from the laboratory in Bombay; and in the hope of inducing the people to resort to inoculation, and of removing any prejudice which existed against it, a notice in Hindi and Marathi was widely distributed. Altogether 4,331 inoculations were performed.

In most of the verified instances in Nagpur the disease was of the bubonic type; but in other localities whither the disease extended from this source, it appears to have assumed a more virulent character, and the pneumonic form became the prevailing one.

Mortality among rats did not at first come to the notice of the officials; but the Sanitary Commissioner was informed that some of the natives in the plague camps had confessed that they had been in the habit of secretly burying dead rats found in their houses, to avert suspicion of infection. Afterwards their discovery became more common.

Plague in Mysore.

147. The statistics will be found in the table in paragraph 129. The epidemic which commenced in Bangalore city on the 12th August 1898, and in which some 6,000 lives were lost, almost completely subsided in March 1899; and during the months of April and May there were no indigenous cases; so that the city was practically free for two months. In June it recrudesced, and the numbers steadily increased up to the end of the year. What the cause of the recrudescence was, it is impossible to say. In Mysore city, which was first affected towards the end of October 1898, the epidemic reached its height in February, and from that date it gradually declined. The epidemic never assumed such a serious character as in Bangalore; but this is attributed by the Sanitary Commissioner to the fact that no less than 29,000 persons were inoculated before plague assumed an epidemic form. It may be said with safety, thinks the Sanitary Commissioner, that plague is now more or less endemic in the cities of Bangalore and Mysore. Of the remaining districts, only Kolar, Tumkur, and Chitaldroog were infected. In the district the remedy is evacuation; and, as the people are well aware of its benefits, little or no persuasion is necessary to get them out. Inoculation was very little resorted to. The class of people who are chiefly affected by plague are the poor, illclothed, and underfed, who live in dwellings devoid of fresh air and sunlight, and whose sanitary surroundings are of the worst decription.

Plague in the Madras Presidency and in Madras City.

148. The general plague figures for Madras are given in the table in paragraph 129. The following is shortened from the report of the Sanitary Commissioner. The total attacks in the presidency for the whole year amounted to 2,385, with 1,843 deaths. The plague epidemic, which had commenced in the last quarter of the previous year in the Deccan districts of Anantapur, Bellary, and Kurnool, showed marked symptoms of diminution in March, and had completely disappeared within the first three weeks of May.

In these districts there had occurred a total of 70 imported and 716 indigenous cases, with 56 and 588 deaths, respectively. In the North Arcot district, plague lingered up to a later date: indigenous cases did not cease till the end of June. In this district there were 67 imported cases with 55 deaths and 647 indigenous cases with 501 deaths. In the Hosur taluk of the Salem district, however, although from May to June there was exhibited a decrease of indigenous cases, plague manifested a continued, though not severe, prevalence throughout the year. In December a second taluk in the Salem district was attacked. This followed a severe outbreak in the municipal town of Tirupattur, owing to a lamentable want of discretion on the part of the municipal authorities. The total imported cases in this district were 141, with 88 deaths, and the total indigenous cases 682, with 508 deaths. Kollegal taluk of Coimbatore was subjected to a short epidemic outbreak extending from October 7th to December 16th. In this district there were 1 imported and 47 indigenous cases with 37 deaths. Imported cases were also reported in Chingleput, Nilgiris, Trichinopoly, Nellore, and Madras town. In none of these instances was importation followed by indigenous plague.............So far in this presidency not a single instance has been recorded of what would be correctly understood as recrudescence. Indeed, were it not for the continued presence of plague in the Hosur taluk of the Salem district—a condition that may well be ascribed to the free intercourse which exists with the neighbouring infected Mysorean villages—it might be said that villages that have been once affected have escaped fully any recurrence.............There was no change of the policy with which Government met the requirements of plague administration during the year. The method of detection trusted to has been that of inspecting travellers by road, rail, and sea, on routes communicating with infected areas, isolation of the sick, and requiring the healthy during the periods of possible incubation to be subject to surveillance whilst in no way restricting their movements. The district board municipal, and village organizations lend themselves to the sucessful effecting of this scheme.............It has been arranged that *before* starting from an infected village the inhabitant should obtain a passport, which, under the usual rules, will secure his surveillance whilst travelling beyond its limits.............A system which demands that at certain points an uneducated native should be given a piece of paper, by which it is required that he should present himself for a period of ten days to the plague authority at any village or town at which he may halt, may seem well nigh visionary; yet experience shows that under this simple method the free population may be allowed to pass from one end of the presidency to the other with fair assurance that both the passport-bearer and the local officer will fulfil their duties. By means of this system a large number of the imported cases have been detected at the very onset of the disease, and thus the possibility of spread has been enormously minimized. Of course, it has not been possible to ensure that all passport-holders should have been put under surveillance; still the amount of success which has attended the endeavour, suffices to prove its great utility.............A fair example of what can be done, even in large towns, is illustrated by results obtained in the municipality of Madras, where failure to trace passport-holders occurred only in 3·4 per cent. of 55,407 cases.............It must be admitted that introduction of plague is possible by cases that have eluded surveillance; yet the figures are so enormously in favour of successful surveillance, that no one can feel otherwise than that the system is of distinct practical value...............In towns, much passive opposition to evacuation of infected houses has been exhibited; but in rural areas, the benefit of rapid evacuation is often so well recognized, that on the occurrence of plague there is a general exodus to encampments on clean sites outside the town. An officer of the Indian Medical Service having adversely criticized the bacterial purity of haffkinine before the Plague Commission, the educated native public lost faith in antiplague inoculation. As a result, only 5,955 persons were inoculated during the year.

Plague in Hyderabad State.

149. The plague death statistics for Hyderabad will be found in the table in paragraph 129. At the end of the year 1898 plague was declining throughout the Nizam's dominions; and this improvement continued, with a slight upward fluctuation in March, during the first five months of 1899, so that in May the lowest number of attacks and deaths for the year was reached. It was hoped at the beginning of June that the epidemic would be entirely got under, but the disease increased in June in the Lingsugur district, and in the same month the district of Gulburga was reinfected from the little state of Akalkote. In July the epidemic had thoroughly revived in both districts, and it continued to increase until September. In October, November, and December it declined again. The total number of cases was 7,887 against 4,475 in the previous year. On the 1st of January 1899 there were 27 villages infected with plague in the Nizam's dominions. Nine of these were situated in the zilla of Naldrug, adjoining the British collectorate of Sholapur. Eighteen villages were infected in the Lingsugur taluq, adjoining the British collectorates of Bijapur, Dharwar, and Bellary. The infected districts were therefore two hundred miles apart, and separate plague measures had to be instituted for each. The infected villages in the Naldrug district threatened the large trading town of Gulburga on the Great Indian Peninsula Railway, and those in the district of Lingsugur the equally important railway junction of Raichur; and through these two towns Hyderabad itself was menaced. In neither place did plague effect any lodgement, though 16 cases of the disease were imported into Gulburga. There is no doubt that the reason why Gulburga and Raichur escaped was that adequate arrangements were made by the Subadar of Gulburga and the Taluqdar of Raichur to prevent its importation and spread. The total number of villages infected in the year 1899 was 186 against 71 in 1898 and 4 in 1897. In 1898 three villages were reinfected, and in 1899 thirteen. In every one of these cases the reinfection was due to reimportation, and not to the survival or revival of the old infection. The measures employed to deal with the epidemics of plague in the State in 1899 were the same as those which were successful in 1898. In the first place every infected town or village was promptly evacuated, and the inhabitants made their own arrangements for camping out in the fields. By this time it had come to be recognized by the people themselves, that by evacuating their homes they left infection behind them; and they cleared out with alacrity when plague became indigenous, and were ingenious in making themselves comfortable at little or no expense in grass huts of their own construction in the fields. The villagers in the Hyderabad State are now, also, fully alive to the advantage of keeping infected persons out of their villages; and almost every village employs a short of quarantine of its own, whereby people from infected areas are kept out of the villages until the period of incubation has passed. Inoculation with haffkinine was commenced in April 1899 in Kuppal. It was also carried on during the year in the Lingsugur and Naldrug zillas. There were in all 4,308 inoculations; and there would have been more, had not the supply of fluid become exhausted.

There is no doubt that plague infection is spread by human agency, and it was principally in this way that it was carried about from village to village in the Nizam's dominions in 1899. The infection having been conveyed into a house, says the Plague Commissioner, the house becomes infected. The virus appears to be deposited in the floors, which constitute the principal medium by which plague infection is propagated from one human being to another, as well as to animals which are susceptible to it. While there is no doubt that the germ of plague is carried about in, and liberated from, the bodies of human beings, it is still an open question as to the exact part played in the propagation of the infection by the lower animals, especially rats. Rats are very readily affected by the plague bacillus, and die rapidly when they are inoculated with it. It is not yet, however, known positively what part they play in liberating and spreading the infection. Mr. Tripp, the Secretary to the Plague Commissioner, has paid great attention to this subject, and writes as follows on it:—

Every village swarms with rats of the black variety; the houses and hedges are full of them. They subsist on grain and other articles of food, but as they are not dainty feeders, they haunt the latrines and lanes in order to pick up undigested corn and particles of food from excrement. In some of the better classes of village houses, there are latrines, but as a rule the nearest hedge in the day, or the nearest lane at night, serves the people as a substitute. Jowari, the staple food of the people in the Mahratta country, is a very hard grain, which, when eaten raw or half roasted, very often passes along the bowels unchanged. When ground in hand mills and baked into chapatties the coarse particles of jowari are discharged undigested. Boiling, which softens jowari and other millets, is not the ordinary method of cooking. Baking is on account of its simplicity adopted instead: it is a cruder process, which often leaves the central part of a chapattie half cooked. After being cooked, the chapattie is handled with fingers to which flour still clings and is often kept in a dirty cloth. Even with ruminating animals, as cattle, jowari, swallowed whole, frequently passes through the entire length of the bowels unaltered. It is by feeding on the residual matter in the excrement of plague-infected persons, that rats acquire the disease: they then transmit it to one another. From rats it is conveyed to human beings by articles of food, such as ghee, oil, sugar, jaggery, milk, butter, curds, dried cocoanuts, dates, groundnuts, etc., all of which are eaten raw by villagers, and by means of stale food, such as chapatties. Corn in grain as well as in meal, and the various pulses doubtless become contaminated by the saliva and fæces of rats, but as these are dry stuffs which do not foster the vitality of the plague virus, and as they are ground and cooked before being consumed, they are not likely to propagate the disease.

Everything in fact, which is nibbled or meddled with by plague-infected rats and then eaten, or after being cooked, is similarly polluted by them or their excreta, and subsequently eaten by men, may convey plague. The quantity of the virus consumed and state of the stomach at the time, full or empty, will, as in the analogous case of cholera, determine the period of incubation and the severity of the attack.

Vomiting is not a common sympton of plague in man: it is unnecessary therefore to dwell on the point whether rats may acquire the disease by feeding on the ejected, undigested portions of food or not, beyond admitting the possibility in rare cases of such a source of infection.

It is possible that water may act as a vehicle of infection as in cholera, a disease with a period of incubation equally short, and like plague intransmissible through the air or by personal contact. In village houses, where the drinking water is kept in open vessels exposed to the incursion of rats, there is a great danger of contamination; nevertheless, water is not the common medium of infection as it is in cholera. In one respect, these diseases resemble each other and that is, in the comparative immunity from attack enjoyed by infants fed solely at the breast. When, however, an infant is given a morsel of a chapattie to suck, in order to keep it quiet, or fed when old enough, with fragments of food, in addition to being suckled, there is a risk of its getting plague, just as it would be liable to get cholera, if fed on watered milk. There are to my personal knowledge three infants now living, whose mothers have had plague: two of the women have died, but the third is still alive.

The success which attends the evacuation of a village is readily comprehended, if it be remembered, that the rats are left behind and soon die out partly from plague and partly from starvation. This view explains the necessity for evacuating a village so completely that not a particle of any food-material is left behind. In correspondence with this obligation is the other equally important one, that camps should be pitched so far from the village as to preclude the possibility of rats migrating to them, and infecting their no less numerous field-congeners, or even human beings.

Rats are occasionally conveyed from houses by accident into camps with household articles or food stuff.

If rats are, as herein indicated, the greatest and most dangerous factor in plague epidemics, their destruction is not only the best preventive, but the best suppressive measure. Poison, traps, the rearing of cats and dogs, the offer of rewards for the destruction of members of the rat-family are all means which suggest themselves for ridding towns of this pest. By killing the rats off in advance, there is far less likelihood of imported cases of plague giving rise to an indigenous out-break. Should indigenous plague occur, the destruction of rats should be maintained as a certain means by which the foci of infection can be reduced. If the fæces of plague patients could be invariably destroyed by burning or some other equally potent process, the risk of rats contracting the disease would be reduced to the lowest possible minimum. The most effective preventive measure, however, would be to impart some disease to rats, which would exterminate them and yet leave man unscathed.

I may add that squirrels are equally capable with rats of acquiring plague, and of transmitting it by the food-stuffs, which they contaminate with either their saliva or excrement, to human beings. It is not unlikely that food is also the medium by which they, in common with rats, propagate the disease amongst themselves.

Plague in Rajputana.

150. For Rajputana were returned 29 cases and 24 deaths; but it is stated that only 9 attacks and 8 deaths were diagnosed with certainty as due to true plague, the rest being merely suspicious cases. The cases were returned from the Jodhpur, Sirohi, Pertabgarh and Mewar States. With regard to Pertabgarh, it is mentioned in a special report that altogether the nature of the outbreak remains obscure; and it is suggested that it was perhaps epidemic sore-throat accompanied by enlarged glands, such as occasionally occurs in oriental villages, the result of bad water and insanitary surroundings.

Only one case, an imported one, was reported from Ajmer-Merwara.

Plague in Berar and in Central India.

151. The first case in Berar was imported from Ahmednagar. A female passenger alighted at the Mana railway station, and travelled by cart into Amraoti town, arriving there on the 3rd September. The case was discovered, segregated, and treated. The woman died on the 6th. All necessary precautions were promptly taken both at Mana and at Amraoti, and the disease did not spread. The second case, a suspicious one in the town of Amraoti, also proved fatal in the same month. Arrangements for the inspection by Hospital Assistants of passengers alighting at railway stations were in force during the year.

The two cases that occurred in Central India were imported from British territory. They were segregated, and no spread of the disease followed.

Plague in Burma.

152. The regulations regarding the medical inspection of incoming vessels from plague-infected localities were carefully carried out; and all cases of fever, and suspicious cases generally, were segregated under observation till their temperatures became normal. Two cases of plague were removed from vessels, the first from the S. S. *Buldana* from Bombay in the person of the ship's cook. This vessel carried no passengers. The man was removed to the plague hospital, died, and was

cremated. The vessel was thoroughly disinfected, and quarantined for ten days. The second case was that of a follower of the West Riding Regiment which arrived in Rangoon from Bangalore on the 17th October. A follower found with high fever was detained under observation, and the regiment allowed to disembark. Later on plague symptoms developed, and the man died in the plague hospital, where he was cremated. As soon as the case was pronounced one of plague, the troops and followers were at once segregated in camp, and the vessel disinfected and quarantined. No other case occurred.

Fevers in India.

153. The fever-mortality ratio of India for 1899, though below that of the quinquennium, was somewhat above that of 1898; and the number of deaths rose from 3,868,781 to 4,126,384. The maximum months of death were December, November, and October, and the minimum month February. There was a reduction in the number of deaths in each of the first three months of the year, and an increase in each of the other months. Though five provinces had ratios greater than in the preceding year, only two had mortalities higher than the quinquennial ratios. The highest ratio was that of the North-Western Provinces and Oudh. The greatest reduction from the quinquennial mortality was in the Central Provinces, and the greatest increase in Ajmer-Merwara.

Table II in Appendix C shows the mortality from fevers in the different provincial registration areas of India in 1899 month by month and also, to save repetition, some other details.

It seems strange that so many as six out of the thirteen provinces should have had the rural mortality lower than the urban: probably the rural registration was at fault. But, at the same time, the highest provincial rural mortality registered was that of the North-Western Provinces and Oudh, which usually have the rural mortality below the urban. The highest district ratio in India was that of Goella in Ajmer-Merwara, and it also showed the highest increase over the ratio of the preceding year. The greatest percentage of rural districts with high mortality was in the North-Western Provinces and Oudh, and the same administration had also the greatest percentage of towns with high mortality, as well as the highest general urban mortality in India. The town with the highest ratio and with the greatest increase over the previous year was Umarkot in the Bombay presidency. From fevers there were 7 deaths among the European seamen in the port of Calcutta, 6 from enteric and 1 from malarial fever, and 37 among the native floating population. Similar statistics for Bombay are not forthcoming. In the city of Bombay relapsing fever was present throughout the year.

Sale of quinine at Post Offices.

154. In Bengal there was an increase in the number of quinine five-grain pice packets sold during 1899 to the extent of 859,146 against a considerable falling off in the two years preceding. This is considered to have been most probably due to the greater prevalence of fever almost all over the province. In 29 out of the 39 districts which returned a higher mortality from fever, there was a corresponding increase in the sale of quinine. The sale of quinine was larger during every month of 1899, except January; the total sale for the year being 3,337,236 five-grain pice packets.

In Assam, as might have been expected, owing to the improved general health, the sale of quinine through the agency of the vaccination and post office staff fell off considerably, 2,286 packages against 3,750.*

At post offices and by vaccinators in the North-Western Provinces and Oudh were sold 136,982 pice packets. Yet the largest amount of quinine sold in any district amounted to but something under 62 grains for each thousand of the population.

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* *i. e.*, probably 233,172 and 382,500 five-grain pice packets.

Mention is made of gratuitous distribution of quinine in the Punjab districts of Dera Ghazi Khan, Dera Ismail Khan, and Hoshiarpur. The Civil Surgeon of the last named district stated that the experiment of selling quinine in pice-packets had proved a failure.

The Central Provinces, Berar, Bombay, and Madras do not appear to have furnished particulars of quinine sales, if such there were.

By the post offices in Coorg 23,218 powders were sold, nearly one-third less than in the preceding year. On the 26th of December 1897 the price of one powder was raised from 2 pies to 3 pies, and to this Civil Surgeon principally attributes the great falling off in the demand for quinine powders.

The Sanitary Commissioner states that the scheme for the sale of quinine in the interior of Burma does not appear to have achieved much success. The Burman villager is said not to appreciate quinine; and though some are willing to use the drug if given to them, yet few wish to buy it, preferring their own remedies. In some instances Deputy Commissioners reported that the use of the drug was unpopular, and recommended that the scheme should be given up altogether. The Sanitary Commissioner, however, thinks that it would be a pity to abandon it without further trial, and without further endeavour made by the district authorities to popularize the drug.

Remarks by provincial Sanitary Commissioners.

155. Of the remarks made on the subject of fevers by the Sanitary Commissioners of the various provinces the following are some of the more interesting:—

Bengal.—The Civil Medical Officer of Malda says:—"The marshes are the unhealthiest features of the district. If fever is to be combated, these should be reclaimed. They should be drained dry, and made to grow not rice but wheat, a dry crop and not a wet one. With the marshes the miasmata will disappear, and with wheat health will appear; for in a malaria-stricken country rice as a staple article of food should be eschewed." The Civil Medical Officer of Dinajpur is of opinion that the chief cause of the fevers is malaria due to excessive sub-soil moisture; and states that in his district there are about 674 square miles of marsh land, about one-sixth of the entire area. At Murshidabad, Rajshahi, and Faridpur it appears that the want of sufficient rainfall and of floods at places during the September and October, by failing to wash away impurities and wash out tanks and other sources of water-supply, seems to have generally rendered the last quarter of the year most unhealthy.

Assam.—The number of deaths from the fever known as *kala azar*, district by district, and year by year, is shown in this table:—

Districts.	1893.	1894.	1895.	1896.	1897.	1898.	1899.
1	2	3	4	5	6	7	8
Cachar	2	1	...	1	...	...	1
Sylhet	30	2	9	4	...	3	...
Goalpara	623	384	265	298	232	134	161
Kamrup	2,490	2,149	2,059	2,244	2,756	1,693	1,745
Darrang	1,620	1,992	2,477	2,471	3,597	4,113	4,101
Nowgong	5,407	8,585	11,037	10,588	12,012	10,515	8,192
Sibsagar	1	2	5	4	2	9	8
Lakhimpur	50	36	30	16	12	3	3
Naga Hills	...	...	...	...	...	...	...
Khasi and Jaintia Hills (selected areas)	24	13	12	11	1	2	5
Garo Hills (selected areas)	...	...	...	...	...	...	30
TOTAL ...	10,247	13,164	15,894	15,637	18,612	16,472	14,246

On the whole, the epidemic may be said to be surely, if slowly, ceasing; but whether t will disappear without infecting the Sibsagar and Lakhimpur districts is more than any one can predict. The Deputy Commissioner of Sylhet made some inquiries as to the prevalence of the fatal fever called "*mulki pira*" in allusion to the way it spreads over the country, or "*pet mota*" from the enormous enlargement of the spleen which characterizes it, a fever which has been severe for the last two or three years in the tract between Sylhet and Fenchuganj and Balaganj............In my opinion these cases must be considered as *kala azar*, as I am not acquainted with any other kind of fever which produces such symptoms and results. The Deputy Commissioner got one village to remove to a new site in the open fields, to try if this would stop the effects of "*mulki pira*": the villagers stated that they had lost numbers in the last three years, but that since removal to their new site, the disease had almost disappeared.

Punjab.—There was no unusual rise in the mortality during the autumn months. This was due undoubtedly to the dryness of the season, being the result of failure of the monsoon, the rainfall registered in the third quarter of the year being only 7·77 inches against an average of 17·53 for the preceding ten years. It is probable that many deaths registered as "Fevers" are caused by influenza.

Berar.—The increase was general in all districts...........Influenza, which was very prevalent in 1899 as compared with 1898, especially at the end of the cold and commencement of the hot weather, served to increase the mortality under this head.

Madras.—The rate was the smallest recorded since 1883. Unfortunately it cannot be assumed that this is due to any striking measures taken for the reduction of malaria. Quinine has been successfully issued at post offices, and there have not been wanting those who have hunted the *anopheles*: but no great measures that would effect removal of superfluous mosquitoes, or moisture that would encourage their existence, from large areas, have yet been carried out. Rather must the reduction be regarded as due to the imperfect character of the north-east monsoon failing to bring with it the essential presence of moisture in the soil, and to the not insignificant influence of a desire on the part of those registering deaths to escape suspicion of a disease whose prominent sympton is fever, namely, plague. Although it is well known that the majority of these "fevers" are of malarial origin, doubtless phthisis, pnemonia, pleurisy, affections of the liver, and diseases generally where fever is the prominent symptom are included under this rough head............Some effort is being made to secure a better approach to accuracy in municipalities............There is no lack of instances in this presidency where a locality in which mild fever has existed has been converted into a deadly malarious place by introduction of superfluous water for irrigation purposes, and there are instances where limitation of irrigation has been followed by beneficial results, but none where extensive works of drainage have secured the admirable curative influence obtained in other countries............During the year Major Grant, I.M.S., Professor of Hygiene, invited attention to the severe nature of malarial fevers found in Madras town............Not only does malaria exist in Madras itself, but intense forms are to be found within seven miles of it at Ennore—a once favoured health resort, in which disturbance of sub-soil and surface water was brought about by railway and canal configuration. In 1896 I spent several days here, and obtained ample microscopical evidence of the presence of the *plasmodium malariæ* in its various forms, in subjects who had indubitably acquired the disease locally. It must not, however, be considered that malaria is the sole cause of fever in Madras town. Typhoid fever is by no means uncommon. Phthisis and low forms of pneumonia are prevalent among the poorer classes. There are doubtless also hitherto unclassified fevers to be demonstrated by the observer of the future.

Burma.—It is usual for the mortality from fevers in rural circles to exceed that of town circles, the explanation being that dwellers in the country are more exposed to malarial influence than the residents of towns.........Swampiness and various other sanitary defects are noted by the Civil Surgeons of the five towns in which mortality was above the average under this heading.........Though the term "Fever" covers a multitude of complaints in which a rise of temperature occurs, and deaths other than those due to malaria are often registered under this heading, still, as similar errors in classification occur pretty equally in all districts, the deaths recorded under "fevers" may, for purposes of comparison, be regarded as of malarial origin, as doubtless the majority of them are, and may be taken as a test of the malaria-producing condition of the tract of country to which they refer. For the five years 1894-98 the fever death-rate of Burma was, next to that of Madras the lowest in India.

Dysentery and Diarrhœa in India.

156. The mortality ratio for bowel-complaints for India, though lower than the quinquennial figure, was higher than in 1898, and the number of deaths rose from 216,321 to 252,025. The maximum month of death was August, and the minimum February. January and February showed a decrease, all the other months an increase, as compared with the corresponding months of the year before. All the provinces but three had higher ratios than in 1898, but only five had ratios higher than the quinquennial mortalities. Much the highest ratio was that of Berar, and next came the ratios of Bombay and Assam. The greatest reduction from the quinquennial mortality was in the Central Provinces, and the greatest increase in Ajmer-Merwara ; exactly as was the case with fevers.

Table III in Appendix C shows the mortality from dysentery and diarrhœa in the different provincial registration areas of India in 1899 month by month, and, in addition, many other details of comparison.

Only in Berar was the rural mortality higher than the urban ; and in this province both the rural and the urban mortality were the highest in India. The highest district ratio of India was that of Akola in Berar ; but among maximum district ratios the greatest increase over the ratio of the previous year was in Jassakhera in Ajmer-Merwara. The greatest percentage of rural districts with high mortality was in Berar, 100 per cent. The town with the highest ratio and with the greatest increase of ratio was North Lakhimpur in Assam. The greatest percentage of towns with high mortality was in Berar and Assam. In the port of Calcutta there were 3 deaths among European seamen, and 5 in the native floating population. There are no corresponding figures at hand for Bombay.

Remarks by provincial Sanitary Commissioners.

157. Some of the more important remarks of the Sanitary Commissioners of the various provinces on the subject of bowel-complaints are as follows :—

Bengal.—The increased prevalence of dysentery and diarrhœa was probably due to some extent to the causes which led to increased cholera in many districts, *viz.*, early cessation of the rains and the early pollution of the water-supply....The intensity of the disease was as usual much greater in towns than in rural areas. This seems to be chiefly due to overcrowding and its attendant evils, which are more intense in towns than in the open country : and also to the greater probability of the disease being correctly diagnosed and reported in towns.

Assam.—The district rates present the same extraordinary and unaccountable differences as in former years. The difference must, I think, be more apparent than real, and be caused by differences in registration. I cannot believe acute bowel-complaint to be more than 23 times as common in Lakhimpur as in Goalpara.

Berar.—The deficient and impure water-supply would account generally for the increase in this disease.

Madras.—The highest proportion of mortality for districts from this cause was, as usual (if the town of Madras be excluded), in Chingleput. It is presumed that, in addition to the usual causative agents of dysentery and diarrhœa, there exists in that district a favouring cause in the brackish water used by a considerable proportion of the population. The towns which returned the highest mortalities are towns either where conservancy is defective, or in which the water-supply is open to contamination : and frequently these two defects are combined with a brackish condition of the water. Variations in the registered amount of dysentery and diarrhœa from year to year are brought about by the occurrence of cholera, when doubtless attempts are made to conceal the existence of this disease or, more especially at the beginning and end of such epidemics, mistakes in diagnosis occur; but on the whole, from year to year there is, broadly speaking, little material change of the death-rates from dysentery and diarrhœa in any special town. There is little tendency to epidemic outbreak. On the contrary, where bowel affections have established themselves, they seem to claim their victims at fairly regular rates from year to year, proving that permanent, not passing, sanitary defects are at work.

Bombay.—Up to 1897 the deaths ascribed to dysentery and diarrhœa showed only comparatively slight variations, but in that year they rose from 36,046 to 85,966; and, though they fell in 1898 to 56,789, they rose again in 1899 to 74,736....The increase was most noticeable in the parts affected by famine. The collectorate of Sholapur headed the list; and ratios were also high in Khandesh, Poona, Nasik, Satara, the City of Bombay, and Bijapur. In the Gujrat District also there was an increase in every collectorate; but the figures are not high, considering that the district is famine-stricken.

Burma.—The prevalence of epidemic cholera is generally reflected in the mortality registered under diarrhœa and dysentery; but it is to be noted that Tavoy and Thatôn returned comparativaly low death-rates from cholera, so that the cause of the high mortality from bowel-complaints must be sought for in some other direction.

Injuries in India.

158. The recorded deaths from injuries rose to 98,593 from 95,291, and the ratio to 0·45 from 0·44. There was an increase in the number of deaths from the attacks of snakes and wild beasts, and from injuries other than the suicidal, there being a decrease in suicide. The increase of mortality from total injuries was greatest in Madras and Bengal. The Sanitary Commissioner of Bengal says:—

The disastrous floods which occurred in the Godda Sub-division of the Sonthal Parganas and in the eastern portion of the Bhagalpur district on the night of Sunday, the 24th September last, and the terrible landslip at Darjeeling about that time, are responsible for the increased mortality from "accidents." It is curious that while the total number of suicides committed from year to year is pretty constant among both sexes, nearly twice as many females every year perish by this means as males. This, however, is quite opposed to facts observed in England and Scotland, where a much larger number of males than females—nearly thrice as many of the former as the latter—resort to self-destruction. As compared with the women of Great Britain, the women of this country occupy a lower position in society, and their grievances are believed to be many; while political and mercantile excitement and dearness of food that are such potent causes of suicide in Great Britain are, especially the first two, almost absent in this country.

It is noted that the districts of Azamgarh, Hardoi, Farakhabad, and Shahjahanpur in the North-Western Provinces and Oudh, and of Gurgaon in the Punjab, have usually the largest number of suicides in their respective provinces. In the Punjab there were 111 deaths from hydrophobia, against 147 in the previous year. In the Bombay report it is mentioned that deaths from snake-bite were, as usual, most common in the rains. In the Central Provinces arrangements have been made to have the necessaries for the antivenene treatment ready at all dispensaries.

All other causes in India.

159. There was an increase in the number of deaths registered under the heading All Other Causes from 1,376,725 to 1,748,680, and in the ratio from 6·31 to 7·92. The extent to which plague is, either openly or for purposes of concealment, included under this head, varies in the different provinces. The Sanitary Commissioner of Bombay is inclined to think that a new column should be added to the registers for Diseases of the Respiratory Organs. The greatest increase was in Berar, Bombay, and the Central Provinces. In Bombay the increase is ascribed to better registration.

Plague Literature referred to in Section VI.

For explanation of abbreviations see end of Section II.

(1) A. Calmette and Salimbeni in A. P. XIII, page 883; L of 19th May 1900, page 1470; Blackmore in L of 23rd June 1900, page 1789; L of 11th August 1900, page 418; Daly in China Imperial Maritime Customs Report, II Special Series, No. 2, for the half year ended 30th September 1899; Matignon in the same; Duclaux reported in B. M. J. of 24th March 1900, page 722, and in I. L. of 1st May 1900, page 377; A. P. C., Theil II C, by H. Albrecht and A. Ghon, page 725; E. Calmette (Calmete in the title of the article) in J. T. M. of January 1900, page 159; Nuttall in J. T. M. of February 1900, page 182; Galli-Valerio in C. B. XXVII, page 1; Tidswell quoted in L of 9th June 1900, page 1685, in L of 23rd June 1900, page 1836; Tidswell in Australian Medical Gazette of 21st May 1900, page 177; Blackmore, as quoted above; Williamson reported in B. M. J. of 1st September 1900, page 558, and quoted in B. M. J. of 11th August 1900, page 374, in J. T. M. of August 1900, page 23, and in L of 25th August 1900, page 618; Discusson in Berlin on plague, reported in C. B. XXVI, page 730; I. L. of 1st June 1900, page 470, reproducing a letter by " T. M. H." to the Madras Mail.

(2) Kaschkadamoff in I. M. G. of April 1900, page 121; Bell in L. of 26th May 1900, page 1513, and Blackmore in L. of 23rd June 1900, page 1789; Clemow in B. M. J. of 12th May 1900, page 1141; Löffler, Laser, Danysz, Mereshkowsky, quoted in Baumgarten's Jahresbericht from 1892 onwards; Laser in C. B. XV, page 33; Danysz, who quotes Issatchenko, in A. P. XIV, page 193; L of 16th June 1900, page 1758.*

(3) Lorans in B. M. J. of 2nd December 1899, page 1588; L of 28th July 1900, page 294; A. P. C., Theil II C, page 707; Di Mattei in C. B. XXVII, page 77; A. P. C., Theil II C, page 702; Yersin quoted in B. M. J. of 27th October 1900, page 1257; W. Hanna, Note on a case of natural infection with plague in a pet monkey, from the Bombay Plague Research Laboratory, submitted to Government through Mr. Haffkine, and to the Government of India with Bombay Government's No. 4428-P. of 20th July 1900.†

(4) Ogata in C. B. XXVIII, page 165; Rees in B. M. J. of 27th October 1900, page 1236.

(5) A. P. C., Theil II C, page 660.

(6) Gottschlich in C. B. XXVII, page 540, and in Z. H. XXXII, page 402 and in Z. H. XXXV, page 222; Métin in A. P. XIV, page 597.

(7) Zabolotny in A. P. XIII, page 833; Clemow in J. T. M. of March, April, and May 1900, pages 200, 223 and 241; Simon and Yersin quoted in L of 11th August 1900, page 439.

(8) B. M. J. of 27th October 1900, page 1247.

(9) Report on plague in Egypt, Sanitary Department, Ministry of Interior; Gottschlich in Z. H. XXXV, page 195.

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* Also A. Calmette in B. M. J. of 24th November 1900, page 1514.

† More about various animals in a lecture by A. Calmette, reported in B. M. J of 10th November 1900, page 1400.

Appendix A to Section VI.

STATEMENT No. I.—*Showing the deaths from* CHOLERA *registered in the Districts of* BENGAL PROPER *during each month of 1899.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Calcutta	681,560	165	85	83	67	115	30	141	39	10	42	68	145	990
24-Parganas	1,892,033	405	272	446	271	130	25	46	28	50	44	294	1,290	3,310
Howrah	763,625	160	172	183	88	106	29	37	54	34	41	73	203	1,180
Hooghly	1,034,296	11	16	33	43	152	19	22	37	24	28	19	31	435
Nadia	1,644,108	46	21	56	187	303	62	15	15	26	208	740	482	2,161
Khulna	1,177,652	129	35	287	295	219	44	8	5	12	30	181	766	2,011
Jessore	1,888,827	54	77	552	929	241	2	10	65	172	502	981	1,130	4,715
Burdwan	1,391,880	35	16	18	19	7	2	49	42	15	10	3	9	225
Bankura	1,069,668	76	15	6	24	3	3	6	25	16	...	...	1	175
Birbhum	798,254	...	...	13	30	7	...	18	64	38	36	47	39	292
Midnapore	2,631,466	242	466	440	265	140	39	209	242	238	281	38	194	2,794
Dacca	2,395,602	1,253	359	245	549	215	9	7	31	236	279	819	1,728	5,730
Faridpur	1,823,543	502	87	355	799	84	4	...	10	81	190	217	728	3,057
Backergunge	2,153,965	660	208	690	1,550	479	22	8	15	9	11	165	1,069	4,886
Mymensingh	3,472,186	355	189	181	891	1,018	116	17	37	322	2,458	3,290	2,236	11,110
Darjeeling	223,314	...	...	4	2	...	...	...	10	26	...	...	...	42
Jalpaiguri	680,736	3	1	...	...	...	30	102	91	23	6	23	34	313
Murshidabad	1,250,946	13	...	133	235	44	7	1	24	306	990	1,840	462	4,055
Dinajpur	1,482,570	...	5	189	184	77	46	134	36	...	106	258	563	1,508
Malda	814,919	44	9	12	35	49	9	...	4	178	1,124	2,742	918	5,124
Rajshahi	1,437,460	70	172	184	174	122	30	3	17	157	526	1,030	1,154	3,639
Rangpur	2,065,464	1	63	71	286	160	45	19	20	54	357	1,201	1,554	3,831
Bogra	766,635	...	1	9	102	82	8	40	127	173	782	1,320	771	3,415
Pabna	1,361,224	124	9	33	337	328	13	12	52	138	617	1,286	907	3,856
Purnea	1,944,658	...	...	...	...	...	3	9	5	31	529	1,046	951	2,574
Chittagong	1,290,167	15	9	...	13	20	...	4	6	...	...	5	5	77
Noakhali	1,009,693	55	15	35	88	39	1	1	5	12	19	77	243	590
Tippera	1,782,935	675	401	189	205	39	...	...	4	30	60	126	335	2,064
Balasore	994,675	18	152	106	291	262	128	804	188	68	33	16	120	2,186
Cuttack	1,937,671	8	49	28	259	261	127	1,481	1,040	821	1,027	779	502	6,382
Puri	944,998	...	7	13	117	259	542	2,234	818	133	62	70	87	4,342
Sonthal Parganas	1,753,775	10	6	2	10	4	2	39	122	124	393	564	118	1,394
Palamau	596,770	...	...	...	...	...	...	...	50	41	...	...	...	91
Manbhoom	1,193,328	3	2	17	3	5	151	44	27	3	15	37	33	340
Hazaribagh	1,164,321	...	...	...	1	3	...	...	...	...	12	2	...	18
Ranchi	1,128,885	...	...	...	...	...	...	...	1	...	...	7	...	8
Singhbhoom	545,488	5	37	42	8	...	17	17	2	...	...	...	...	128
Monghyr	2,036,021	...	...	...	10	49	10	49	155	167	594	410	102	1,555
Bhagalpur	2,032,696	16	1	...	7	6	14	19	26	71	783	1,939	488	3,370
Gya	2,138,331	12	3	1	1	8	25	76	323	260	290	87	35	1,121
Patna	1,772.352	9	...	...	15	162	243	390	881	506	361	219	131	2,917
Shahabad	2,060,579	...	...	3	6	121	175	340	709	982	1,360	435	118	4,249
Saran	2,466,065	118	4	1	19	20	4	5	102	254	744	597	192	2,060
Muzaffarpur	2.712,857	3	...	...	7	19	56	105	89	71	568	413	150	1,481
Champaran	1,859,464	...	...	...	...	...	...	21	149	234	217	39	9	669
Darbhanga	2,801,955	49	...	...	2	2	7	...	...	13	72	379	594	1,118
TOTAL	71,069,617	5,344	2,964	4,660	8,433	5,369	2,099	6,542	5,792	6,159	15,807	23,882	20,627	107,678

STATEMENT No. II.—*Showing the deaths from* CHOLERA *registered in the Districts of* ASSAM *during each month of 1899.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Cachar	367,542	16	36	18	15	20	4	8	14	3	26	41	36	237
Sylhet	2,154,593	160	199	295	158	51	15	23	51	125	170	670	1,040	2,957
Goalpara	452,304	6	...	...	6	1	1	...	...	8	87	1,354	821	2,284
Kamrup	634,249	96	7	5	109	341	100	46	4	41	132	233	206	1,320
Darrang	307,761	5	10	15	43	46	35	20	23	29	135	75	88	524
Nowgong	344,141	14	14	...	7	6	3	2	5	7	27	83	62	230
Sibsagar	457,274	59	29	32	23	100	67	32	34	39	36	32	23	506
Lakhimpur	254,053	7	5	21	22	21	24	24	26	33	24	18	30	355
Naga Hills (Town)	1,781	...	...	1	...	...	...	...	...	...	...	...	...	1
Khasi and Jaintia Hills	49,167	2	7	...	...	...	...	6	...	...	3	1	...	19
Garo Hills	27,725	3	3	...	...	...	...	...	...	5	...	9	27	47
TOTAL	5,050,590	368	310	387	383	586	249	161	157	290	640	2,516	2,333	8,380

Appendix A to Section VI—*contd.*

STATEMENT No. III.—*Showing the deaths from* CHOLERA *registered in the Districts of the* NORTH-WESTERN PROVINCES AND OUDH *during each month of 1899.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Eastern Districts.														
Ghazipur	1,024,753	1	...	...	...	...	4	48	343	359	226	32	1	1,014
Ballia	995,327	...	...	...	7	...	16	17	137	61	135	109	18	500
Benares	921,943	2	2	35	61	39	42	5	110	187	322	30	2	837
Mirzapur	1,161,5[illegible]8	...	1	...	2	15	15	...	10	39	20	2	...	104
Azamgarh	1,723,625	...	...	1	2	31	49	13	...	20	42	3	...	161
Jaunpur	1,264,949	...	...	1	1	4	...	...	1	2	...	...	8	17
Gorakhpur	2,994,057	8	8	...	1	1	18	9	18	56	27	8	...	154
Basti	1,785,844	2	...	...	5	5	...	8	25	5	43	17	36	146
Allahabad	1,534,658	1	...	...	3	4	...	3	...	14	1	...	...	26
Fatehpur	699,157	...	...	...	1	...	...	1	...	...	...	...	...	2
Cawnpore	1,209,695	...	...	...	...	...	...	...	...	...	...	...	1	1
Farukhabad . . .	858,687	...	...	...	...	1	...	...	...	1	..	...	...	2
Districts South of or bodering on the Jumna.														
Banda	7[illegible]5,832	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur	513,720	...	...	...	...	...	...	...	...	...	...	...	...	...
Jalaun	396,361	...	...	...	...	...	...	...	19	4	...	...	...	23
Etawah	727,629	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	683,619	...	...	...	...	...	...	...	4	1	...	...	...	5
Districts lying west of 80° east longitude.														
Bareilly	1,040,949	...	...	...	...	1	...	...	47	35	23	4	2	112
Pilibhit	485,108	...	...	...	1	...	...	1	...	...	...	...	...	2
Budaun	925,168	...	...	...	...	...	...	...	41	5	14	...	...	60
Shahjahanpur . . .	918,981	...	...	...	...	...	...	...	...	1	...	...	...	1
Moradabad	1,179,398	...	1	1	1	...	2	4	40	9	...	...	...	58
Etah	702,063	...	...	...	1	...	...	...	23	1	...	...	...	25
Mainpuri	762,163	...	...	1	...	...	...	...	...	...	...	...	...	1
Aligarh	1,043,172	...	...	1	1	...	1	...	67	7	...	...	...	77
Bulandshahr . . .	949,914	...	...	...	...	...	1	...	2	5	...	...	...	8
Agra	1,003,796	1	...	...	1	...	...	...	1	2	...	...	...	5
Muttra	713,421	...	...	...	...	2	...	...	4	...	1	...	...	7
Meerut	1,391,458	...	...	1	...	1	...	1	127	85	1	1	...	217
Muzaffarnagar . . .	772,874	...	...	...	...	...	19	...	29	34	...	...	...	82
Saharanpur	1,001,280	1	...	...	...	28	10	30	24	36	...	...	...	129
Bijnor	794,070	1	...	2	...	5	3	47	376	34	...	...	...	468
Dehra Dun	168,135	...	...	...	...	6	176	14	...	...	...	...	...	196
Naini Tal	356,881	...	...	3	...	...	3	...	16	6	2	...	...	30
Almora	416,868	...	...	...	...	...	..	14	6	...	...	...	...	20
Garhwal	407,818	...	...	...	...	45	239	203	45	...	...	15	112	659
Oudh.														
Partabgarh	924,974	...	...	...	4	...	...	...	...	...	...	2	...	6
Rae Bareli	1,036,521	...	...	...	5	28	6	1	...	3	...	...	...	43
Sultanpur	1,075,851	...	...	3	26	64	57	3	45	7	21	285	310	821
Fyzabad	1,216,959	4	...	7	66	132	95	23	4	31	192	657	237	1,448
Bara Banki	1,130,906	5	1	...	...	...	...	...	...	8	2	...	...	16
Lucknow	774,163	1	...	1	1	2	...	1	1	1	1	1	...	10
Unao	953,636	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonda	1,459,229	...	...	4	...	3	5	3	13	...	17	6	1	52
Bahraich	1,000,432	...	...	1	2	...	5	1	31	102	174	53	2	372
Kheri	903,615	...	...	...	...	4	1	...	38	41	22	20	3	129
Sitapur	1,075,413	...	...	6	54	7	...	1	...	1	...	...	1	70
. . . .	1,113,211	...	...	...	...	...	...	...	3	9	15	...	...	27
TOTAL .	46,904,791	27	13	68	246	428	767	451	1,650	1,212	1,301	1,245	734	8,142

Appendix A to Section VI—*contd.*

STATEMENT NO. IV.—*Showing the deaths from* CHOLERA *registered in the Districts of the* PUNJAB *during each month of 1899.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Gurgaon	668,863	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	635,224	...	...	...	...	...	...	...	12	...	...	...	...	12
Rohtak	590,446	...	...	...	...	...	...	...	...	...	...	...	38	38
Hissar	775,808	...	...	...	...	...	...	5	...	...	...	...	303	308
Karnal	861,049	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	804,849	...	...	...	...	...	...	...	...	...	...	...	...	...
Simla	35,246	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	891,347	...	...	...	...	...	...	...	...	...	...	...	...	...
Ludhiana	648,655	...	...	...	...	...	...	12	7	1	...	...	...	20
Hoshiarpur	1,011,644	...	...	...	...	...	..	5	23	11	...	...	...	39
Kangra	759,458	...	...	...	...	...	...	...	...	...	...	...	...	...
Gurdaspur	940,785	...	...	...	...	...	...	...	11	...	...	...	...	11
Sialkot	1,098,712	...	...	...	...	...	...	...	57	4	...	...	...	61
Amritsar	990,990	...	...	...	...	...	1	13	1	...	...	...	...	15
Gujrat	760,823	...	...	...	...	...	...	...	2	...	...	...	...	2
Gujranwala	690,061	...	...	...	...	...	...	2	101	...	...	...	...	103
Lahore	1,055,619	...	...	...	...	...	...	1	122	29	15	...	...	167
Ferozepore	861,499	...	...	...	...	...	..	2	21	17	49	...	...	89
Montgomery	499,449	...	...	...	...	...	...	...	15	12	3	...	...	30
Mooltan	620,859	...	...	...	...	...	...	...	...	3	64	50	...	117
Muzaffargarh	381,072	...	...	...	...	...	...	...	...	...	...	1	...	1
Dera Ghazi Khan	399,860	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismil Khan	482,463	...	...	...	2	...	...	..	...	...	...	...	...	2
Jhang	436,821	...	...	...	...	...	...	29	53	12	...	...	2	96
Shahpur	493,535	...	...	...	...	...	...	...	8	...	...	131	563	702
Jhelum	605,774	...	...	...	...	...	...	1	...	...	...	...	...	1
Hazara	476,125	...	...	...	...	1	...	...	...	...	...	...	...	1
Rawalpindi	845,259	...	...	...	...	...	...	1	...	...	...	...	...	1
Peshawar	679,183	...	...	..	...	...	...	...	...	...	...	...	...	...
Kohat	182,487	...	...	..	...	...	...	...	...	...	...	...	...	...
Bannu	369,972	...	...	...	..	...	...	...	...	...	...	...	...	...
TOTAL	20,553,982	...	...	...	2	1	1	71	433	89	131	182	906	1,816

STATEMENT NO. V.—*Showing the deaths from* CHOLERA *registered in the Districts of the* CENTRAL PROVINCES *during each month of 1899.*

DISTRICT.	Population.	NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Raipur	1,255,698	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur	827,433	...	...	..	...	...	...	...	...	...	...	...	...	...
Sambalpur	398,205	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	574,838	...	...	...	...	...	...	...	...	...	...	...	...	...
Seoni	370,767	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla	339,373	...	...	...	...	...	...	...	...	...	...	...	...	...
Narsinghpur	367,026	...	...	...	...	...	...	...	...	..	...	...	...	...
Murwara	173,308	...	...	...	...	...	...	...	...	...	...	...	...	...
Damoh	325,613	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	591,743	...	...	...	...	...	...	...	...	...	...	...	...	...
Chhindwara	339,443	...	...	...	...	...	...	...	...	...	...	...	...	...
Betul	323,196	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad	493,053	...	...	...	...	...	...	...	...	..	...	...	...	...
Nimar	204,343	...	...	...	...	...	...	...	...	...	...	10	52	62
Bhandara	742,850	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur	757,862	...	...	...	1	...	...	...	...	...	1	...	...	2
Balaghat	383,331	...	...	...	...	...	...	...	...	...	...	...	...	...
Wardha	400,854	...	...	...	...	...	...	...	...	...	...	...	...	...
Chanda	561,039	...	...	...	..	...	...	...	...	...	...	...	...	...
Burhanpur	81,366	...	...	...	...	...	...	...	...	...	...	...	12	12
TOTAL	9,501,401	...	...	...	1	...	...	...	...	...	1	10	64	76

Appendix A to Section VI—*contd.*

STATEMENT No. VI.—*Showing the deaths from* CHOLERA *registered in the Districts of* BERAR *during each month of 1899.*

DISTRICT.	Population.	Number of Cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Akola . . .	580,590	...	...	...	...	...	...	...	...	7	31	36	7	81
Buldana . . .	478,029	...	...	...	...	...	...	...	...	...	...	...	...	...
Basim . . .	398,181	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti . . .	655,645	...	...	...	...	...	...	...	5	79	99	30	12	225
Ellichpur . . .	268,767	...	...	...	...	...	...	...	...	16	164	39	16	235
Wun . . .	471,613	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	2,852,825	...	...	...	...	...	...	...	5	102	294	105	35	541

STATEMENT No. VII.—*Showing the deaths from* CHOLERA *registered in the Native States of* RAJPUTANA *and* CENTRAL INDIA *during each month of 1899.*

STATE.	Population.	Number of Cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
RAJPUTANA.														
Bhurtpur . . .	640,303	...	...	...	...	1	...	...	...	...	...	...	...	1
Jaipur . . .	2,832,276	...	...	...	...	...	...	...	...	...	...	56	32	88
Bikanir . . .	831,955	...	...	...	...	...	...	...	...	...	...	...	100	100
Jaisalmer . .	115,701	...	...	...	...	...	...	...	...	...	...	...	100	100
Marwar . . .	2,519,868	...	...	...	...	...	...	...	...	...	...	...	208	208
TOTAL .	6,940,103	...	...	...	...	1	...	...	...	...	...	56	440	497
CENTRAL INDIA.														
Malwa . .	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Baghelkhand . .	1,781,806	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . .	159,281	...	...	...	...	...	...	...	...	...	...	...	...	...
Bundelkhand . .	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhopal . . .	12,248	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhopawar . .	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Gwalior . . .	Do.	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL .	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GRAND TOTAL .	...	...	...	...	...	1	...	...	...	...	...	56	440	497

Appendix A to Section VI—*contd.*

STATEMENT No. VIII.—*Showing the deaths from* CHOLERA *registered in the Districts of* HYDERABAD *during each month of 1899.*

DISTRICT.	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total of the year.
		NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												
Raichur	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Hingoli... ...	Ditto	...	...	...	...	...	...	...	...	...	...	...	...	...
Mominabad ...	Ditto	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolarum	Ditto	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad ...	277,786	...	...	...	...	...	...	...	...	...	...	...	...	...
Jalna	Not stated	...	...	...	...	...	...	...	...	...	...	...	...	...
Aurangabad ...	Ditto	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	Not known	...	...	...	...	...	...	...	...	...	...	...	...	...

STATEMENT No. IX.—*Showing the deaths from* CHOLERA *registered in the Districts of the* MADRAS PRESIDENCY *during each month of 1899.*

DISTRICT.	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total of the year.
		NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												
Ganjam	1,437,232	...	...	1	2	...	3	24	17	3	1	...	...	51
Vizagapatam ...	1,622,945	...	...	...	...	...	...	1	...	11	4	6	4	26
Godavari... ...	2,077,858	4	4	...	...	...	...	6	32	68	143	181	17	455
Kistna	1,855,024	1	...	...	...	...	1	...	3	97	105	11	...	218
Nellore	1,463,357	394	139	7	...	4	...	...	...	...	...	...	...	544
Madras	436,375	9	2	...	...	10	1	...	1	...	...	...	...	23
Chingleput ...	1,199,901	507	183	32	2	...	...	...	...	...	...	...	...	724
South Arcot ...	2,162,336	2,037	844	415	123	36	23	11	22	13	74	156	506	4,260
Trichinopoly ...	1,371,726	1,935	892	172	23	14	17	92	...	...	...	...	142	3,287
Tanjore	2,227,081	3,110	1,503	259	143	18	43	60		108	60	52	437	5,864
Madura	2,184,351	127	38	108	98	86	17	8	1	...	...	...	...	483
Tinnevelly ..	1,915,702	111	141	139	460	271	84	32	24	3	...	...	...	1,265
Kurnool	817,660	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddapah ...	1,271,721	258	26	15	...	...	...	...	...	...	...	...	...	299
Bellary	890,485	64	69	323	313	331	164	188	70	113	35	7	...	1,677
Anantapur ...	727,319	4	...	...	...	...	...	1	...	...	...	...	...	5
North Arcot ...	2,113,585	2,416	790	270	98	127	13	35	...	...	...	5	...	3,754
Salem	1,961,784	578	1,125	715	697	665	289	159	180	61	248	473	378	5,568
Coimbatore ...	2,003,911	42	120	164	102	94	27	15	1	...	...	...	...	565
Nilgiris	96,765	...	...	...	...	...	...	...	...	...	...	...	...	...
South Canara ...	1,052,002	...	...	...	...	1	...	...	...	...	...	...	1	2
Malabar	2,636,674	...	...	...	...	8	...	1	...	...	1	2	...	12
TOTAL ...	33,525,794	11,597	5,876	2,620	2,061	1,665	682	633	422	477	671	893	1,485	29,082

Appendix A to Section VI—*contd.*

STATEMENT NO. X—*Showing the deaths from* CHOLERA *registered in the Districts of the* BOMBAY PRESIDENCY *during each month of 1899.*

DISTRICT.	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total of the year.
		NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												
Bombay City ...	806,144	13	7	25	14	11	2	11	9	1	4	8	6	111
Thana	818,967	...	...	...	...	...	...	...	...	...	...	...	...	...
Kolaba	594,779	...	...	...	...	...	...	...	...	...	...	...	...	...
Surat	649,824	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad ...	920,928	...	...	...	...	...	...	...	...	...	...	...	...	...
Broach	341,450	...	...	...	...	...	...	...	...	...	...	...	...	...
Panch Mahals ...	313,381	...	...	...	...	...	...	...	...	...	...	...	...	...
Kaira	871,529	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandesh ...	1,460,319	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar ...	887,656	...	...	...	1	...	...	...	...	...	...	...	...	1
Nasik	841,087	...	...	...	4	2	...	...	...	...	...	...	...	6
Sholapur... ...	750,255	...	...	...	1	...	...	...	...	...	...	...	...	1
Satara	1,225,511	...	...	...	...	2	...	...	...	...	...	...	...	2
Bijapur	793,286	...	...	...	...	...	83	10	...	2	20	...	21	136
Belgaum... ...	1,011,453	10	197	953	1,557	303	411	340	253	176	249	25	...	4,474
Dharwar... ...	1,050,533	...	308	558	376	62	12	9	8	1	...	...	1	1,335
Kanara	446,156	...	36	31	17	15	13	3	...	...	...	...	...	115
Ratnagiri ...	1,105,862	...	...	...	...	...	...	...	...	...	2	...	...	2
Poona	1,061,449	...	...	...	...	...	...	...	2	...	...	...	...	2
Thar and Parkar ...	332,401	...	...	...	...	...	...	...	...	...	...	...	...	...
Shikarpur ...	915,058	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi	561,013	...	...	1	10	1,804	390	105	57	18	9	...	...	2,394
Hyderabad ...	883,836	...	...	...	...	...	...	...	...	...	...	...	...	...
Upper Sind Frontier...	174,469	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	18,820,346	23	548	1,568	1,980	2,199	911	478	329	198	284	33	28	8,579

STATEMENT NO. XI.—*Showing the deaths from* CHOLERA *registered in the Districts of* LOWER BURMA *during each month of 1899.*

DISTRICT.	Population.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total of the year.
		NUMBER OF CHOLERA DEATHS REGISTERED IN EACH MONTH.												
Akyab	414,479	...	2	9	11	46	66	40	77	8	34	...	...	293
Kyaukpyu ...	159,065	...	...	...	10	3	57	16	6	4	1	...	...	97
Sandoway ...	78,509	...	...	...	...	...	1	14	38	18	26	...	...	97
Rangoon... ...	180,324	6	1	16	11	10	9	1	2	2	9	6	4	77
Hanthawaddy ...	396,887	3	7	13	10	6	13	16	3	3	15	55	5	149
Pegu	237,594	...	...	7	7	110	14	80	...	...	...	...	...	218
Tharrawaddy ...	339,240	...	7	1	...	2	22	76	92	17	50	117	78	462
Prome	368,977	...	4	29	30	4	5	6	77	59	121	23	...	358
Thongwa... ...	333,470	2	36	156	283	109	39	20	4	2	2	...	5	658
Bassein	320,401	...	...	4	117	91	78	29	31	...	...	...	...	350
Henzada... ...	438,439	1	7	24	43	62	131	173	128	33	27	1	...	630
Myaungmya ...	206,945	...	5	143	157	77	28	19	...	1	...	...	...	430
Amherst	217,824	29	73	114	215	66	28	13	...	...	...	...	...	538
Tavoy	94,921	...	...	3	...	...	...	...	...	...	...	24	40	67
Mergui	55,387	...	...	...	4	1	1	2	35	83	73	60	20	279
Thaton	248,494	48	19	19	18	5	3	4	...	...	...	4	...	120
Toungoo	175,434	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo ...	194,637	...	...	1	4	6	...	1	70	37	...	...	...	119
TOTAL ...	4,461,027	89	161	539	920	598	495	510	563	267	358	290	152	4,942

Appendix A to Section IV.—*concld.*

STATEMENT NO. XI-B.—*Showing the deaths from CHOLERA registered in the Districts of UPPER BURMA during each month of 1899.*

District.	Population.	Number of cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April	May.	June.	July.	August.	September.	October.	November.	December.	
Mandalay ...	359,164	...	...	...	10	5	25	12	97	96	155	95	73	568
Shwebo ...	217,380	...	...	...	1	14	32	37	6	16	...	5	...	111
Sagaing ...	246,141	...	...	3	99	71	28	23	47	24	15	10	36	356
Lower Chindwin ...	188,012	...	...	...	...	33	44	11	13	25	...	24	99	249
Thayetmo ...	40,030	...	...	...	27	...	2	11	4	1	...	...	...	45
Pakokku ...	241,360	...	...	...	6	40	149	34	35	27	43	12	...	346
Minbu ...	172,137	...	...	2	35	...	5	12	8	...	...	...	...	62
Magwe ...	219,190	...	...	...	...	1	...	...	4	3	...	...	...	8
Meiktilla ...	102,363	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamethin ...	169,546	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukse ...	119,917	...	...	...	...	2	3	7	2	9	17	1	...	41
Myingyan ...	379,048	...	...	4	1	5	82	121	42	3	...	6	...	264
TOTAL ...	2,454,288	...	...	9	179	171	370	268	258	204	230	153	208	2,050

STATEMENT NO. XII.—*Showing the deaths from CHOLERA registered in the Districts of AJMER-MERWARA during each month of 1899.*

District.	Population.	Number of cholea deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Ajmer ...	422,359	...	...	...	...	...	1	...	...	...	...	...	...	1
Merwara ...	119,999	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL ...	542,358	...	...	..	...	...	1	...	...	...	...	...	...	1

STATEMENT NO. XIII.—*Showing the deaths from CHOLERA registered in the Districts of MYSORE during each month of 1899.*

District.	Population.	Number of cholera deaths registered in each month.												Total of the year.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
MYSORE.														
Bangalore ...	702,913	...	...	...	...	...	...	...	...	...	...	...	...	...
Kolar ...	591,030	...	...	...	6	5	15	1	...	...	...	...	...	27
Tumkur ...	580,786	...	...	...	...	...	...	...	...	...	...	...	...	...
Mysore ...	1,181,814	8	3	...	3	1	...	2	...	...	1	...	1	19
Hassan ...	514,952	...	...	...	...	...	...	...	...	...	...	...	...	...
Shimoga ...	527,981	...	...	...	...	...	...	...	1	...	...	...	...	1
Kadur ...	330,063	4	...	...	...	...	...	...	...	...	...	...	...	4
Chitaldroog ...	413,984	51	21	...	...	...	...	...	...	...	...	...	...	72
TOTAL ...	4,843,523	63	24	...	9	6	15	3	1	...	1	...	1	123
COORG.														
Coorg ...	173,055	...	...	...	...	...	...	...	...	...	...	...	...	...
GRAND TOTAL ...	5,016,578	63	24	...	9	6	15	3	1	...	1	...	1	123

Appendix B to Section VI.

Statement showing the number of attendants on cholera cases treated in the Hospitals of European and Native Regiments and in Jails during 1899, and the number of those attacked by cholera.

No.	Station.	Community.	Number of cases of cholera treated.	Medical Officers, Hospital Assistants and other attendants on cholera cases.	
				Number.	Number of those attacked with cholera.
		European Troops.			
1	Mian Mir	11th Battery, R. F. A.	1	14	None.
		Total	1	14	None.
		Native Troops.			
1	Golaghat	3rd Bengal Infantry	10	9	None.
2	*En route* (Shillong to Abbottabad).	42nd Gurkha Rifles	104	52	1
3	Dehra Dun	½ (P. W. A.) Gurkha Rifles	5	8	2
4	Sialkot	31st Punjab Infantry	1	5	None.
5	Mian Mir	40th Pathans	12	39	,,
6	Ditto	23rd Pioneers	6	15	,,
7	Ditto	17th Bengal Cavalry	65	73	2
8	Kamptee	22nd Madras Infantry	2	9	None.
9	Charbar	21st Bombay Infantry (Detachment)	1	4	,,
10	Vellore	Family Guards (5th and 15th Madras Infantry).	13	5	,,
11	Trichinopoly	4th Madras Pioneers	17	29	,,
12	Ditto	27th ,, Infantry	1	9	,,
13	Arcot	14th ,, ,,	1	3	,,
14	Kuppam	,, ,, ,,	1	6	,,
15	Maymyo	10th Bengal Gurkha Rifles	1	4	,,
		Total	240	270	5
		Jails.			
1	Gauhati	Jail	25	15	None.
2	Dhubri	,,	1	8	,,
3	Durbhunga	,,	1	8	,,
4	Suri	,,	2	5	,,
5	Bankura	,,	1	7	,,
6	Hooghly	,,	1	5	,,
7	Bareilly	,,	1	8	,,
8	Madras	Her Majesty's Penitentiary	1	11	,,
9	Salem	Jail	2	7	,,
10	Bassein	,,	4	8	,,
11	Myingyan	,,	5	7	,,
12	Mandalay	,,	2	13	,,
13	Monywa	,,	7	5	1
14	Moulmein	,,	18	9	2
15	Henzada	,,	1	5	None.
16	Pokokku	,,	2	6	,,
17	Mergui	,,	1	7	,,
18	Bilaspur	,,	6	9	,,
		TOTAL	81	143	3
		GRAND TOTAL	322	427	8

Appendix C to Section VI.

TABLE I.—*Small-pox mortality.*

PROVINCES, MONTHS, DISTRICTS, TOWNS, CHILDREN.	Bengal.	Assam.	North-Western Provinces and Oudh.	Punjab.	Central Provinces. (a)	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-merwara.	Coorg.	Mysore.	Registration India.
I.—Provincial Deaths :—														
January . . .	1,309	188	172	183	45	23	263	33	949	116	79	1	338	3,704
February . . .	1,255	147	149	231	74	37	606	44	1,085	152	94	11	428	4,313
March . . .	1,401	210	272	286	117	30	1,097	81	1,456	179	100	6	354	5,589
April . . .	1,595	196	486	356	140	45	1,019	215	1,465	187	159	...	268	6,131
May . . .	1,834	283	412	564	137	45	800	269	1,370	164	165	4	223	6,270
June . . .	1,249	198	242	635	129	49	588	206	1,208	161	55	2	230	4,952
July . . .	1,059	116	161	512	107	14	368	121	1,379	155	28	1	225	4,246
August . . .	779	54	103	320	72	5	405	57	1,443	129	12	...	160	3,539
September . . .	509	53	32	244	32	3	198	16	1,465	94	...	1	151	2,798
October . . .	512	37	25	352	19	...	213	39	1,487	78	10	...	163	2,935
November . . .	600	19	22	627	37	12	126	65	1,558	148	36	1	220	3,471
December . . .	1,014	64	20	834	155	42	208	74	2,126	383	224	1	254	5,399
Total .	13,116	1,565	2,096	5,149	1,064	305	5,891	1,220	16,991	1,946	962	28	3,014	53,347
II.—Provincial Death-Ratios—														
Ratio per 1,000 of population, 1899.	0'18	0'31	0'04	0'25	0'11	0'11	1'32	0'50	0'51	0'10	1'77	0'16	0'62	0'24
Ratio per 1,000 of population, 1898.	0'20	1'03	0'05	0'24	0'09	0'21	1'07	*	0'62	0'10	0'75	0'13	1'35	0'29
Difference .	—'02	—'72	—'01	+'01	+'01	—'10	+'25	*	—'11	±'00	+1'02	+'03	—'73	—'05
Mean ratio per 1,000 during 1894-98.	0'19	0'95	0'59	0'78	0'43	0'26	0'52	*	0'41	0'19	2'06	0'17	0'86	0'42
Difference .	—'01	—'64	—'55	—'53	—'32	—'15	+'80	*	+'10	—'09	—'29	—'01	—'23	—'18
III.—District mortality :—														
Number of districts .	45	10	48	31	20	6	17	12	21	23	17	5	8	263
Highest district ratio .	4'04	3'09	'17	2'46	1'06	'30	2'54	3'12	1'20	'55	6'05	'37	1'36	6 05
Increase or decrease in that district.	—1'95	÷'83	+'07	+2'26	+'62	+'27	+1'38	*	+'65	+'47	+2'61	+'34	+'47	+2'61
Name of that district . . .	Puri.	Darrang	Gonda.	Peshawar.	Sambalpur.	Wun.	Pegu.	Thayetmyo.	South Arcot.	Thana	Dewair	Nanjaraj Pna.	Hassan.	Dewair.
Lowest district ratio . . .	'0005	'03	'01	'001	'01	'01	'28	'02	'06	'01	'06	'03	'13	'0005
Percentage of districts above rural mortality.	16	20	31	19	20	33	41	42	38	22	41	40	38	32
Percentage of districts with increased mortality.	24	22	42	39	45	50	65	*	62	30	71	60	12	40
Number of districts without mortality.	2	1	13	1	2	...	2	...	...	8	...	...	...	29
Provincial rural mortality . .	'18	'31	'04	'22	'11	'12	1'13	'50	'52	'08	1'85	'17	'57	'23
Provincial percentage of districts above the India rural mortality.	9	40	...	19	20	33	88	50	90	13	82	20	88	...
IV.—Urban mortality :—														
Number of towns . .	152	23	99	150	73	38	33	13	93	63	6	5	20	768
Highest town ratio .	2'06	4'29	'76	12'21	3'71	'59	13'56	7'17	9'09	3'74	3'24	'14	14'88	14'88
Increase or decrease in that town	÷1'87	+2'86	+'76	+12'16	+3'16	+'59	+13'56	+7'17	+9'09	+3'74	+3'24	+'14	+9'02	+9'02
Name of that town . . .	Ranchi.	Mangaldai.	Mallawan.	Peshawar.	Sambalpur.	Digras.	Kawkareik.	Pagan.	Virudupatti.	Panvel.	Ajmer.	Mercara.	Hassan.	Hassan.
Lowest town ratio . . .	'02	'10	'01	'02	'01	'10	'05	'05	'02	'03	'05	'14	'22	'01
Percentage of towns above urban mortality.	13	17	24	8	14	13	33	15	29	13	33	20	40	15
Percentage of towns with increased mortality.	15	14	23	21	15	8	64	44	43	19	67	20	65	25
Number of towns without mortality.	111	17	61	97	58	33	7	7	41	46	2	4	4	488
Provincial urban mortality .	'11	'19	'03	'53	'13	'02	2'62	'49	'34	'26	1'52	'06	1'40	'33
Provincial percentage of towns above the India urban mortality.	5	13	2	13	8	3	67	15	30	13	33	...	80	..
V.—Infantile mortality :—														
Children under 1 year .	3,301	339	711	1,150	279	71	686	120	5,703	552	234	...	988	14,134
Children, 1—10 years .	7,030	685	1,180	3,617	321	150	2,286	562	5,286	890	643	4	1,799	24,453
Percentage of children in total small-pox mortality.	78'77	65'43	90'22	92'58	56'39	72'46	50'45	55'90	64'68	74'10	91'16	14'29	92'47	72'33

(*a*) Excluding Zamindaries.

* Information not available.

Appendix C to Section VI—*continued.*

TABLE II.—*Fever mortality.*

PROVINCES, MONTHS, DISTRICTS, TOWNS.	Bengal.	Assam.	North-Western Provinces and Oudh.	Punjab.	Central Provinces. (*a*).	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Mysore.	Registration India.
I.—Provincial Deaths—														
January	145,472	8,578	89,056	34,601	12,737	3,234	4,152	687	21,045	23,639	859	337	4,074	348,4
February	99,068	7,448	76,042	28,242	11,737	2,849	3,937	1,057	17,778	19,949	902	270	2,865	272,1
March	103,985	7,563	82,617	29,286	14,989	5,398	3,934	2,022	17,886	23,269	1,295	281	2,653	295,1
April	115,562	7,131	100,729	27,613	18,046	6,012	3,838	2,154	17,622	18,694	1,065	259	2,617	321,3
May	132,290	8,199	112,680	32,950	15,058	5,699	3,695	1,586	20,971	16,059	1,050	330	2,986	353,5
June	96,281	7,597	97,906	28,869	13,409	4,077	4,344	1,761	20,325	14,554	689	462	3,032	293,3
July	109,193	7,121	84,381	26,618	10,692	3,277	5,267	1,736	20,744	15,344	777	487	3,047	288,6
August	134,114	7,146	118,712	35,140	11,527	3,804	4,988	1,645	20,199	16,495	1,153	351	2,873	358,1
September	126,143	6,827	132,945	32,883	11,956	3,358	4,219	1,347	20,297	15,878	815	346	2,590	359,6
October	178,078	7,526	122,359	33,128	11,729	3,761	4,081	1,494	21,109	18,541	935	277	2,606	405,6
November	186,612	7,930	114,282	36,072	10,528	3,963	4,245	1,787	23,331	20,688	1,301	248	3,279	414,2
December	180,481	8,030	113,551	36,287	11,239	4,506	4,477	2,130	24,242	25,328	1,864	350	3,580	416,0
Total	1,607,279	91,096	1,245,260	381,689	153,647	49,938	51,177	19,406	245,549	228,438	12,705	3,998	36,202	4,126,3
II.—Provincial Death-Ratios—														
Ratio per 1,000 of population, 1899.	22·61	18·04	26·55	18·57	16·17	17·50	11·47	7·91	7·32	12·14	23·42	23·10	7·47	18·
Ratio per 1,000 of population, 1898.	19·97	20·90	22·67	20·35	16·40	11·49	11·90	*	7·48	11·49	16·02	27·02	11·07	17·
Difference	+2·64	—2·86	+3·88	—1·78	—·23	+6·01	—·43	*	—·16	—3·93	+7·40	—3·92	—3·60	+1·
Mean ratio per 1,000 during 1894-98.	23·33	21·01	26·96	20·84	27·07	20·63	11·21	*	8·14	19·66	19·95	26·56	8·78	20·
Difference	—·72	—2·97	—·41	—2·27	—10·90	—3·13	+·26	*	—·82	—7·52	+3·47	—3·46	—1·31	—2·
III.—District mortality—														
Number of districts	45	10	48	31	20	6	17	12	21	23	17	5	8	26
Highest district ratio	41·89	30·44	40·18	24·89	38·76	22·11	18·10	14·87	18·39	27·92	63·02	31·46	13·76	63·
Increase or decrease in that district.	+12·28	—2·96	+8·14	+3·18	+7·91	+10·38	—·34	*	+6·14	—2·55	+15·83	—4·38	+·48	+15·
Name of that district	Malda.	Goalpara.	Mainpuri.	Jhang.	Nimar.	Akola.	Sandoway.	Kyaukse	South Canara.	Broach.	Goella.	Nanjarajpatna	Shimoga	Goella
Lowest district ratio	5·95	9·78	15·79	4·41	4·75	12·80	7·40	3·52	1·62	2·82	12·29	18·10	4·62	1·
Percentage of districts above rural mortality.	44	40	52	55	45	50	65	58	52	65	59	40	50	4
Percentage of districts with increased mortality.	84	22	77	29	50	100	35	*	43	52	94	...	12	5
Number of districts without mortality.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Provincial rural mortality	22·89	18·01	26·45	18·81	16·32	17·07	11·97	7·71	7·45	12·62	23·27	23·83	6·85	18·
Provincial percentage of districts above the India rural mortality.	64	40	85	55	25	17	...	...	...	26	76	80	...	...
IV.—Urban mortality—														
Number of towns	152	23	99	150	73	38	33	13	93	63	6	5	20	76
Highest town ratio	41·91	42·06	47·78	32·28	44·00	37·91	30·04	18·03	15·23	228·50	60·85	30·86	69·64	228·5
Increase or decrease in that town	+14·23	+5·88	+10·00	+13·11	+17·90	+18·95	+13·31	+1·63	+2·80	+183·88	+23·38	+2·46	+50·77	+183·8
Name of that town	Sherpur.	Golaghat.	Gonda.	Bahadurgarh.	Arung.	Akola.	Myaungmya.	Pyinmana.	Hospet.	Umarkot.	Kerkri.	Kodlipet.	Dod Hunsur	Umark
Lowest town ratio	6·93	1·71	10·72	4·46	3·17	4·74	1·68	3·11	·05	·70	10·91	12·37	5·50	·0
Percentage of towns above urban mortality.	57	39	52	37	56	47	30	23	43	40	67	60	60	4
Percentage of towns with increased mortality.	67	43	62	30	56	92	55	89	45	37	100	20	65	5
Number of towns without mortality.	...	...	...	...	1	...	...	...	2	...	...	...	...	3
Provincial urban mortality	17·08	19·10	27·82	16·25	14·57	20·54	8·12	9·25	5·80	8·65	23·96	15·73	16·53	15·6
Provincial percentage of towns above the India urban mortality.	6	52	97	41	45	63	6	8	...	21	67	60	65	...

(*a*) Excluding Zamindaries.

* Information not available.

Appendix C to Section VI—*concluded.*

TABLE NO. III—*Dysentery and Diarrhœa mortality.*

PROVINCES, MONTHS, DISTRICTS, TOWNS.	Bengal.	Assam.	North-Western Provinces and Oudh.	Punjab.	Central Provinces (*a*).	Berar.	Lower Burma.	Upper Burma.	Madras Presidency.	Bombay Presidency.	Ajmer-Merwara.	Coorg.	Mysore.	Registration India.
I.—Provincial deaths—														
January	3,597	1,193	1,733	746	750	973	393	34	3,395	5,729	45	12	741	19,341
February	2,787	879	1,261	548	688	797	430	67	2,572	4,556	41	2	582	15,210
March	2,715	919	1,407	633	880	1,222	579	90	2,201	5,473	50	3	568	16,740
April	3,055	885	2,081	966	855	1,194	711	97	2,110	5,200	69	7	517	17,747
May	3,888	979	2,912	1,175	946	1,593	801	215	2,322	5,510	41	4	613	20,999
June	2,831	1,132	2,772	949	1,056	1,422	929	287	2,420	5,699	38	15	496	20,046
July	3,444	980	2,377	1,047	1,132	1,862	1,170	318	2,379	7,602	71	19	550	22,951
August	3,805	1,100	2,874	1,618	1,382	2,551	827	297	2,423	7,781	172	13	537	25,380
September	3,343	1,324	2,803	1,503	1,216	2,283	660	199	2,600	7,105	78	12	533	23,659
October	3,964	1,538	2,455	1,482	1,064	2,122	572	109	2,893	6,736	107	11	606	23,659
November	3,756	1,482	2,365	1,393	930	1,914	499	73	2,990	6,102	147	8	537	22,196
December	4,149	1,424	2,166	1,350	986	2,330	500	65	3,002	7,243	300	4	578	24,097
Total	41,334	13,835	27,206	13,410	11,885	20,263	8,071	1,851	31,307	74,736	1,159	110	6,858	252,025
II.—Provincial death-ratios—														
Ratio per 1,000 of population, 1899.	·58	2·74	·58	·65	1·25	7·10	1·81	·75	·93	3·97	2·14	·64	1·41	1·14
Ratio per 1,000 of population, 1898.	·52	3·23	·50	·77	1·23	3·48	1·78	*	·89	3·02	1·01	1·09	1·39	·99
Difference	+·06	—·49	+·08	—·12	+·02	+3·62	+·03	*	+·04	+·95	+1·13	—·45	+·02	+·15
Mean ratio per 1,000 during 1894-98.	·69	3·40	·99	·77	3·36	6·78	1·86	*	·86	2·64	·88	1·85	1·17	1·25
Difference	—·11	—·66	—·41	—·12	—2·11	+·32	—·05	*	+·07	+1·33	+1·26	—1·21	+·24	—·11
III.—District Mortality—														
Number of districts	45	10	48	31	20	6	17	12	21	23	17	5	8	263
Highest district ratio	3·82	7·55	8·79	1·37	4·70	12·66	6·02	2·47	2·92	10·18	8·82	·56	3·04	12·66
Increase or decrease in that district.	+·21	—·93	+1·87	—1·29	+1·82	+7·73	+1·13	*	+·37	+3·54	+8·68	—·02	—·18	+7·73
Name of that district	Howrah.	Lakhimpur.	Garhwal.	Simla.	Sambalpur.	Akola.	Tavoy.	Meiktila.	Chingleput.	Sholapur.	Jassakhera.	Padinalknad.	Shimoga.	Akola.
Lowest district ratio	·01	·26	·01	·04	·06	2·48	·75	·07	·11	·03	·04	·16	·52	·01
Percentage of districts above rural mortality.	29	50	33	39	30	33	35	33	33	35	24	60	38	32
Percentage of districts with increased mortality.	60	33	52	23	35	100	65	*	33	83	59	...	12	47
Number of districts without mortality.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Provincial rural mortality	·45	2·67	·47	·51	1·17	7·18	1·65	·73	·70	3·77	1·16	·41	1·20	·97
Provincial percentage of districts above the India rural mortality.	16	70	10	13	45	100	76	33	19	61	29	...	62	...
IV.—Urban mortality—														
Number of towns	152	23	99	150	73	38	33	13	93	63	6	5	20	768
Highest town ratio	13·48	25·72	14·11	10·51	9·63	21·18	7·51	8·05	8·64	19·61	9·88	6·52	9·92	25·72
Increase or decrease in that town	+8·51	+16·07	+9·85	+·23	+5·34	+14·48	—3·75	+·46	+3·89	+8·66	+6·52	—11·24	+9·02	+16·07
Name of that town	Bhadreswar.	North Lakimpur.	Hardwar Union.	Balabgarh.	Arvi.	Amraoti.	Maubin.	Yamethin.	Gudiyattam.	Barsi.	Ajmer Suburb.	Virajendrapet.	Hassan.	North Lakimpur.
Lowest town ratio	·11	·96	·04	·12	·06	·20	·14	·10	·06	·08	·14	2·42	·28	·04
Percentage of towns above urban mortality.	20	30	34	45	41	37	30	23	28	33	33	20	45	28
Percentage of towns with increased mortality.	51	33	57	37	44	84	42	44	52	52	67	...	85	50
Number of towns without mortality.	4	...	9	4	4	1	2	1	10	2	...	3	...	40
Provincial urban mortality	3·07	5·94	2·08	1·94	2·09	6·59	2·85	·94	3·74	5·47	5·44	2·97	4·72	3·23
Provincial percentage of towns above the India urban mortality.	16	65	19	15	19	66	21	15	35	57	33	20	55	...

(*a*) Excluding Zamindaries.

* Information not available.

SECTION VII.

GENERAL HISTORY OF VACCINATION.

Vaccination in India as a whole.

160. The work of the Vaccination Department in India during the year 1899-1900 is represented by a total of 8,125,337 operations among the civil population of the country. This must be considered a satisfactory result, as it indicates a return to ordinary conditions after the considerable decline exhibited in the returns of the two preceding years. The aggregate number which stood at 8,019,836 in 1896-97, fell to 7,829,983 in 1897-98, and still further to 7,515,527 in 1898-99, owing mainly to the presence of plague and famine. The directions in which these causes operated need not be discussed here at length, but it is obvious that famine, by raising the death-rate of infants and by lowering the birth-rate, leaves less material to work upon ; and as regards plague, its actual presence and the fear of its invasion not only diverted the services of officers and subordinates to other pressing work, but it gave rise among the people to unfounded fears that vaccination was being used as a cloak for anti-plague inoculation. Plague unfortunately is still amongst us but the dread it inspired has greatly diminished, and the measures for its suppression are generally accepted with more or less equanimity. A striking instance of the returning confidence of the people is afforded by the year's work in the small province of Coorg, where operations returned to the normal after having fallen off fifty per cent. the year before ; elsewhere a similar experience is afforded, if not in such marked degree.

The numbers of both primary cases and re-vaccinations show an increase, the aggregate excess over the figure of the preceding year, amounting to 609,810 cases, being contributed to in varying measure by all the provinces without exception. Of primary operations there were 7,500,113 against 6,931,793 in 1898-99, and of re-vaccinations 625,224 as compared with 583,734. The degree of success secured in the former rose to 94·63 per cent. from 93·87 per cent. in 1898-99, but in re-vaccinations, on the other hand, it fell from 63·71 to 58·76 per cent.; this is less a matter for regret if it connotes the increasing efficacy of primary operations and a higher standard of work and verification.

In regard to primary vaccination, the degree of success secured by the special staffs in the several provinces varied greatly ; Ajmer-Merwara heads the list with 99·08 per cent., followed by Assam with 98·81 ; while Madras takes the lowest place with 91·8 per cent., the Bombay results, which are the next lowest, being 92·68 per cent. In re-vaccination the range is still greater, and while Ajmer-Merwara again occupies the first place with 90·83 per cent. of success, the next in order is Assam with 88·56, until we come to 40·39 in Bombay and only 17·2 in Berar. As has been pointed out in previous reports, extreme differences in results must be due in the main to divergence in the interpretation of the term " successful. " Enquiries instituted to elucidate this point have shown that such is actually the case, the rank and file of the Department exercise too little discrimination, and, in practice, use a very varying standard in determining this important but simple question. It goes without saying that the standard for both primary operations and re-vaccinations should be one and uniform, and steps are being taken to ensure this in future, as at present the results are not comparable, and are indeed often incomprehensible.

The staffs of the dispensaries conducted vaccination operations in all the provinces save in Berar and Ajmer-Merwara, and the success secured by them ranged, in primary cases, from 97·25 per cent. in the North-Western Provinces and Oudh, to 66·57 per cent. in the Punjab, and in re-vaccinations from 92·19 in Assam to 48·83 in Bengal. As a natural result of the increased total of operations performed during the year, the ratio of persons who may be regarded as protected from small-pox rose from 30·26 per 1,000 of population in 1898-99, to 32·86 in the year under report. These figures are, however, necessarily only approximate, as the population must have generally increased since the census of 1891, the figures of which are used in the calculation. The provincial ratios of population protected ranged from 56·72 in Burma and 54·70 in Coorg, to 29·49 and 28·72 in the Bombay and Madras Presidencies, respectively. Berar again heads the list as to the average number of operations performed by each vaccinator, the number having risen from 3,020 in 1898-99 to 3,997 ; the Punjab comes next with 3,150 ; Bengal again returns the lowest figure, *viz.*, 596, which is an increase of 10 on the result of the preceding year. In Berar rewards varying in amount from Rs. 45 to Rs. 20 were given to six vaccinators in recognition of the excellent work performed during the year, which was far above the average.

With the increased outturn of the work by the Department, the number of children under one year of age successfully vaccinated increased in every province as compared with the results of the preceding year. The aggregate number amounted to 3,462,702 as compared with 2,815,593 and 2,853,132 in 1897-98 and 1898-99 respectively. Assuming a hypothetical birth-rate of 40 per mille of the population, the protection afforded to infant life is represented by a ratio of 38·11 per cent., while in the two years immediately preceding it was 31·37 and 30·95 : this ratio ranged from 83·00 in Berar, where it was also highest in 1898-99 with 60·31 per cent., to 11·70 in Coorg, which also occupied the last place in the preceding year with 7·38 per cent. The total number of children between the ages of one and six years successfully vaccinated again showed a fall ; in this report for 1898 it was noted that the number had declined from 3,172, 881 in 1897-98 to 3,008,037 in 1898-99, while in 1899-1900 it was 2,990,364. The decrease occurred in all provinces save the Punjab, Madras, Coorg and Ajmer-Merwara, and is probably to be attributed to the increased infantile mortality due to scarcity and famine, and to a lower birth-rate in 1896 and 1897.

The ratios of deaths from small-pox in the calendar years 1898 and 1899 were 0·26 and 0·23, respectively, per 1,000 of the population. No marked epidemic during the year under report (1899) was traceable to inoculation, which appears to linger in Bengal, Assam, the Punjab, Bombay and Burma, but is only general throughout the last named province, and in Assam is said to be fast dying out.

The total cost of the Department was Rs. 10,98,661, or Rs. 22,899 more than in the preceding year, while that of each successful case was two annas and five pies which is two pies less than in 1898-99. The provincial rates for each successful case varied from six annas and three pies in the Bombay Presidency, to one anna and four pies in both Bengal and Ajmer-Merwara.

The following statement shows in outline the working of the Department in the several provinces during the two years 1898-99 and 1899-1900, *i.e.*, the year under report and that preceding it:—

Comparative statement of vaccination in the different Provinces of India, in 1898-99 and 1899-1900, together with the death-rates from small-pox during 1898 and 1899.

PROVINCE.		Population.	NUMBER OF VACCINATIONS PERFORMED.			PERCENTAGE OF SUCCESSFUL CASES.		Persons successfully vaccinated per mille of population.	Ratio of deaths from small-pox per 1,000 of population during the calendar years 1898 and 1899.†	Average number of vaccinators employed in Department.*	Average number of operations per vaccinator.*
			Primary.	Re-vaccinations.	TOTAL.	Primary.	Re-vaccination.				
Bengal	1898-99	71,092,411	2,087,285	60,167	2,147,452	97·99	67·35	29·34	0·20	3,482	586
	1899-1900	70,974,023	2,203,984	48,537	2,252,521	97·68	49·59	30·67	0·18	3,592	596
Assam (including Tea Gardens.)	1898-99	5,634,258	237,088	21,817	258,905	98·35	93·78	45·02	1·03	219	981
	1899-1900	5,716,833	255,131	17,134	272,265	98·50	88·90	46·62	0·31	220	988
North-Western Provinces and Oudh.	1898-99	47,146,033	1,340,561	58,665	1,399,226	91·58	71·22	26·93	0·05	875	1,598
	1899-1900	47,146,033	1,450,544	61,813	1,512,357	94·23	76·53	29·99	0·04	898	1,683
Punjab	1898-99	20,553,982	667,518	177,558	835,076	94·85	58·69	35·41	0·24	297	2,808
	1899-1900	20,553,982	738,669	194,554	933,223	94·67	62·29	39·92	0·25	296	3,150
Central Provinces	1898-99	12,900,386	383,633	65,617	449,250	95·92	81·77	32·69	0·10	274	1,588
	1899-1900	12,739,620	456,857	52,466	509,323	96·33	82·05	37·92	0·11	274	1,767
Berar	1898-99	2,897,040	94,032	38,871	132,903	97·1	23·1	34·6	0·2	44	3,020
	1899-1900	2,897,040	120,772	55,129	175,901	95·8	17·2	43·2	0·1	44	3,997
Burma	1898-99	8,146,855	447,259	33,398	480,657	94·60	60·13	54·41	1·07	177	2,635
	1899-1900	8,146,855	462,795	40,719	503,514	94·65	59·08	56·72	1·49	188	2,611
Madras	1898-99	35,651,577	1,039,713	78,280	1,117,993	87·22	68·67	26·94	0·6	818	1,330
	1899-1900	35,651,577	1,096,821	62,588	1,159,409	89·40	69·33	28·72	0·5	824	1,375
Bombay	1898-99	22,612,220	622,095	48,349	670,444	92·75	57·25	26·74	0·10	434	1,539
	1899-1900	22,612,220	680,063	89,294	769,267	92·60	41·62	29·49	0·10	434	1,763
Coorg	1898-99	173,055	4,793	880	5,673	92·13	77·50	29·46	0·13	9	587
	1899-1900	173,055	8,400	2,077	10,477	94·21	74·72	54·70	0·16	9	1,110
Ajmer-Merwara	1898-99	542,358	17,816	132	17,948	98·46	65·15	32·50	0·75	13	1,380
	1899-1900	542,358	26,077	1,003	27,080	99·08	90·83	49·32	1·77	13	2,083
TOTAL	1898-99	227,350,175	6,931,793	583,734	7,515,527	93·87	63·71	30·26	0·26	...	...
	1899-1900	227,153,596	7,500,113	625,224	8,125,337	94·63	58·76	32·85	0·23	...	...

* Refers to special vaccination establishment only.
† Calculated on the figures taken from the Sanitary Reports.

Animal vaccination.

161. During the year bovine lymph, either pure or in combination, was used in all the provinces, humanized lymph being resorted to in addition only in the Punjab, the Central Provinces, Burma and the North-Western Provinces. It may be noted that no precise information is afforded as regards the lymph used in the Bombay Presidency, except that animal lymph was exclusively used in Bombay City, and also in certain places in the Western and Central Registration Districts and in some Native States. The obvious disadvantages attending the use of human lymph is recognized in Burma, and orders have been issued for its discontinuance as far as possible.

Glycerinated lymph appears to have met with marked success and is used exclusively in Assam, where its results are remarkably good. This lymph is also used in Bengal, the Central Provinces and Madras. As regards the last province, it is said that glycerine is employed more as a diluent than a preservative, and that to secure the best effects it is necessary to use the combination fresh and as soon after preparation as possible. The percentage of success secured in rural areas, 88·5, against that in towns, 95·2, is instanced in support of this contention, and it is held that glycerine paste gives results approximately equal to those of fresh animal lymph if used when quite freshly prepared, but that the results are inferior in proportion to the delay which may occur in its use. Against this, it was found in Assam that such lymph, kept for over 6 months, was as efficacious as at the time of manufacture. But it should be noted that in Assam the vaccine matter is scraped from the abdomens of the vaccinifers and pounded up with a mixture of glycerine and water in the proportion of two parts of solid matter and one part each of glycerine and water, and put up in capillary tubes which are hermetically sealed by fusing their ends in the flame of a spirit lamp; this procedure tends to maintain the potency and to obviate the contamination of the lymph with extraneous micro-organisms. Details of manufacture are doubtless all important to the results secured, and certainly the Shillong lymph has passed out of the stage of trial into that of well-approved excellence. It is of interest to note that a supply of two thousand tubes was set aside from the vaccine manufactured in February 1900 for an experiment during the season 1900-01, to determine if the lymph will keep its properties unimpaired through a hot weather in the plains, and the result will be awaited with the interest its importance demands.

As regards the Central Provinces, it was noticed in this report for 1898 that the use of glycerinated lymph had not been attended with success. At the instance of the Sanitary Commissioner with the Government of India, a further trial was made during the year under review with more satisfactory results, the percentage of success secured having been 86·27, as compared with 72·69 in 1898-99. Hence it is probable that in the essential details of preparation, something was wanting which experience has supplied.

In Berar only lanolinated lymph was used, the year's work being started in September 1899 with a supply obtained from Mysore. Owing to the famine healthy calves could not be obtained in sufficient numbers to carry on calf vaccination, and the only alternative was that resorted to. But to obtain the total requirements of lanolinated lymph from Mysore would have proved unduly costly, and it was therefore decided to manufacture it at Amraoti. This arrangement contributed largely to increase the amount of work done, as it obviated the necessity of taking vaccinated calves from one place to another, but it had also the result of reducing the degree of success attained. This decrease is attributed to (1) the lanolinated lymph containing proportionately less vaccine than pure calf lymph and (2) to the locally manufactured lymph losing its efficacy according to the distance it is sent, with the delay and exposure involved. Although the expedient was necessary in an emergency and is creditable to the Sanitary Commissioner, pure calf lymph is to be reverted to as soon as circumstances permit. Lanoline lymph was also used to some extent in Bengal, the Central Provinces and the North-Western Provinces, but the results are not stated.

Vaseline lymph appears to be used only in the Punjab; the Deputy Sanitary Commissioner is of opinion that there is no doubt as to the efficacy of this paste in producing scars that present that foveated appearance which is maintained to be the best test of efficient protection.

Generally, then, it will be seen that bovine lymph, either pure or in some combination, is fast displacing humanized lymph, and it may be hoped that in a comparatively short time the latter will find no place in vaccination operations For the rest, some details of the comparative results of the use of bovine lymph and its various combinations will be found in the following paragraphs which deal with the details of vaccination in the several provinces.

Bengal.

162. The Sanitary Commissioner was as usual in charge of the Vaccination Department during the year 1899-1900. The staff employed under him comprised 3 Deputy Sanitary Commissioners, the 48 Civil Surgeons employed in the Province, 207 Native Supervising Officers and 6 Head Vaccinators; and working under this controlling agency were 65 Vaccinators employed by Government, 87 by District Boards, 245 by Municipalities and at dispensaries, 3,440 licensed vaccinators and 1,199 apprentices. It should be noted that though the Western Bengal Circle was in charge of an Assistant Surgeon throughout the year as Deputy Sanitary Commissioner, the Northern Circle was without an inspecting medical officer from the 1st April to 28th December 1899, the Sanitary Commissioner himself attending to the current duties of this office in addition to his own. Moreover, the three officers appointed to the Metropolitan and Northern Bengal Circles were otherwise employed, two of them on plague work, and one on an enquiry into the sanitary condition of the Riparian municipalities, north of Calcutta.* As a consequence of these special calls, these officers were unable to inspect vaccination work.

Throughout the province the total number of operations performed was 2,252,521 as compared with 2,147,452 during the preceding year, an increase of 105,069 operations; but with this increase on the provincial total, there was a decrease in the number of operations in 21 districts, the chief causes alleged being the prevalence of cholera and malarial fevers of a fatal form; the decrease ranged in different places from 9,243 in Dinajpur to 302 in Angul. On the other hand, there was a notable increase of 26,222 cases in Mymensing and of 23,526 in the Sonthal Parganas.

Year.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	Year.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	0·13	14·79	1888 . .	0·09	29·51
1878 . .	0·20	18·95	1889 . .	0·13	28·79
1879 . .	0·38	39·41	1890 . .	0·19	28·64
1880 . .	0·38	34·81	1891 . .	0·23	22·63
1881 . .	0·40	30·06	1892 . .	0·31	24·52
1882 . .	0 20	28·38	1893 . .	0·20	24·54
1883 . .	0·14	27·38	1894 . .	0·11	27·98
1884 . .	0·28	28·94	1895 . .	0·18	29·67
1885 . .	0·14	25·76	1896 . .	0·19	29·62
1886 . .	0·06	29·68	1897 . .	0·27	30·25
1887 . .	0·05	30·41	1898 . .	0·20	28·04
			1899 . .	0·18	29·32

* The ratios of successful vaccinations refer to the official year (April to March).

Over the whole province the number of primary operations was in excess of that of the preceding year to the extent of 116,699 cases; the number of successful results was 2,152,824 as against 2,045,384 during 1898-99, an increase of 107,440; but the ratio per cent. of success was 97·67, being slightly less than that attained in the year preceding, when it was 97·99.

In 1898-99 the number of successful re-vaccinations reported was 40,520 which showed a decrease on the results of 1897-98 of 8,687 operations. There was a still further fall during the year under review to a total of 24,071, and the percentage of success was only 49·59 against 67·34 in 1898-99.

No satisfactory explanation has been furnished of this large decrease, and as regards Dinajpur where the falling off is most marked, the Civil Surgeon merely attributes it to the unwillingness of the people to submit to re-vaccination.

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* See Section X.

With regard to the vaccination of infants, the hypothetical birth-rate has in accordance with the orders of the Local Government been taken at 50 per mille of the census population, though elsewhere the accepted rate is 40 per mille, and this has necessarily reduced the calculated proportion protected to 16·79. But taking the birth-rate as in previous years at 40 per mille, the degree of infant protection afforded was 21·81 per cent. as compared with 17·66 per cent. in the year preceding, and 16·7, the mean of the 3 years 1895-96 to 1897-98.

The Sanitary Commissioner notes that the results in the municipalities are unsatisfactory, considerably less than half the available number of infants being protected, and in spite of the fact that the Compulsory Act is in force.

The average number of persons vaccinated by each vaccinator was 596 against 586 in the preceding year, an increase of ten, but considerably less than the figure for 1897-98 when it was 650.

The Deputy Sanitary Commissioners of the Metropolitan and the Eastern Bengal and of the Northern Bengal Circles being unable to devote any time to the duty as already explained, the work of inspection by these officers could not be undertaken. In Western Bengal the Deputy Sanitary Commissioner found 97·61 per cent. of the operations inspected to have been successful, but the number inspected was only 2·25 per cent. of the number performed.

In five districts the number of cases inspected by Civil Surgeons exceeded 10,000 in each, an amount of supervision which was only accomplished in two districts in 1898-99; in nine districts, as compared with seven in the previous year, between 5,000 and 10,000 cases were inspected. In six districts, against four in the preceding year, there were less than 1,000 inspections made. The percentage of operations to the total performed, inspected by Civil Surgeons was, however, 9·30 against 8·51 in the previous year, and this is nearly equal to the result in 1897-98 when it was 9·34.

District and Sub-Inspectors inspected 39·29 and 64·65 per cent. of the total performed as compared with 39·70 and 67·8 in 1898-99.

As noted in last year's report direct calf-to-arm vaccination is steadily gaining ground; the primary operations in 1899-1900 numbered 241,831, an increase of 35,748 over the figure for the previous year (206,083), and which was 31,082 in advance of that for 1897-98. Re-vaccinations, however, by this method numbered only 10,196 or less than half the total of the previous year, which also showed a falling off from the results of 1897-98.

A total increase of 48 is reported in the number of calves operated on at both the Calcutta and Darjeeling depôts, while the amount of lanoline paste manufactured at the animal vaccine depôt, Calcutta, increased by 2,866 grains, the outturn of the Darjeeling depôt, however, declined to the extent of 4,247 grains.

The cause of this decrease has not been stated, though the matter is of interest and importance, since the number of calves operated on at this depôt was larger by 20 than that of the year preceding, and, moreover, the supply of lanoline lymph paste from this depôt to the Sikkim State, which received 405 grains, is reported to have proved eminently successful, though the exact results have not been given.

The Nipal Durbar was again supplied with lymph during the year, the quantity being 776 grains of lanoline vaccine paste and glycerinated calf lymph; complete returns of the work done and the results are wanting.

The total expenditure incurred by the Department, which had steadily fallen for the previous 3 years, and in 1898-99 was Rs. 1,73,875, rose to Rs. 1,84,414 during 1899-1900, but the cost of each successful case was the same in both years, *viz.*, one anna and four pies.

Assam.

163. The staff of the Department was practically the same as in the year before, *viz.*, 19 inspectors and 186 paid and 23 licensed vaccinators, working under the control of the Sanitary Commissioner and District Civil Surgeons; the number of apprentices employed was 11 compared with 7 in 1898-99. The work of this staff was as usual supplemented by that of medical subordinates at and near dispensaries, and by private practitioners on tea-garden estates.

The total number of operations performed by all agencies during the year was 272,265 against a total of 258,905 last year, and of this number 255,131 were primary operations and 17,134 re-vaccinations. The percentage of success secured was 98·50 and 88·90 respectively, and the Sanitary Commissioner who in the previous year was inclined to doubt the accuracy of these results, now practically accepts them as approximately correct, as it has been abundantly proved that the lymph supplied from the Shillong depôt is of consistently excellent quality; this, however, does not dispose of the doubt to which the results recorded for re-vaccination is open.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	0·3	4·51	1888 . .	0·45	25·38
1878 . .	0·3	6·42	1889 . .	0·49	24·49
1879 . .	0·37	8·00	1890 . .	0·31	26·92
1880 . .	0·59	5·27	1891 . .	0·47	29·93
1881 . .	0·69	8·91	1892 . .	0·29	31·51
1882 . .	0·71	10·53	1893 . .	0·53	28·33
1883 . .	1·36	15·19	1894 . .	0·80	28·09
1884 . .	1·06	18·67	1895 . .	0·77	40·45
1885 . .	0·44	22·31	1896 . .	1·08	43·31
1886 . .	0·12	24·04	1897 . .	1·08	44·77
1887 . .	0·26	24·01	1898 . .	1·03	45·02
			1899 . .	0·31	40·52

* The ratios of successful vaccinations refer to the official year (April to March).

Paid and licensed vaccinators and apprentices performed in the aggregate 236,031 operations against 232,419 in the previous year, and the Dispensary Staff 24,715 against 14,271. The percentage of success obtained in the primary cases and re-vaccinations represented by these figures was 98·81 and 88·56 respectively for the paid and licensed staff, and 97·16 and 92·19 for the dispensary establishments.

This satisfactory increase on the results of the previous year was unfortunately not shared by all districts, a large and unexplained falling off having taken place in the Naga Hills and the Khasi and Jaintia Hills. Manipur and Kamrup also show a decline; in the latter, the reason assigned is the replacement of licensed by paid vaccinators. On the other hand, the spread of vaccination in the Garo Hills is remarkable; the number of operations in 1895-96 was 5,287, rising in 1898-99 to 15,866, until, in the year under review, no less than 28,071 cases were recorded. This is striking evidence of what can be achieved by a zealous officer in a single district.

The Compulsory Vaccination Act continued in force in 11 towns, but the fall in the number of operations was continued, from 3,487 in 1897-98 to 3,021 in 1898-99, and to 2,752 in the year under report. No explanation of this marked decline has been afforded, but as a result of 595 notices issued there were only 22 prosecutions in Sibsagar, with no convictions; obviously such a lax state of affairs cannot be expected to improve the unsatisfactory condition of vaccination in compulsory areas.

On an estimated birth-rate of 40 per mille, the protection afforded to infants was 27·02 per cent. as compared with 22·36 in the previous year and 22·4, the mean of the three years preceding 1898-99. Taking the total number of the successful operations, 46·62 per mille of the population at all ages were protected against 45·02 in the previous year, and 49·61 in 1897-98.

The inspection work accomplished cannot be considered satisfactory, though it is recorded that District Civil Medical Officers increased the total number of their inspections from 22,577 to 27,277. Nevertheless the percentage of cases inspected to the total number vaccinated was only 10·46 per cent. against 9·15 in the preceding year, and the increase is entirely due to the efforts of one officer. The work of the native inspecting staff leaves much to be desired, the number of inspections having steadily decreased, *viz.*, from 150,005 in 1897-98 and 133,681 in 1898-99 to 121,660 in the year under report. The percentage to total vaccinations represented by these figures is 55·0, 54·19 and 46·65 respectively.

The percentage of successful cases approved by Civil Surgeons and Native Inspectors was 96·81 and 98·50, respectively, as compared with 95·99 and 98·73 in 1898-99.

The practice of inoculation is fast dying out and no epidemic of small-pox was traced to its survival. Arm-to-arm vaccination has also been abandoned throughout the whole province.

The work of the animal vaccine depôt at Shillong was again attended with success, the quality of the lymph being uniformly of a very high standard. Calves to the number of 330 were inoculated and from these 317,382 tubes were loaded, the total expense incurred being Rs. 7,753. This number of tubes was somewhat less than in the preceding year when the outturn was the largest on record. An outbreak of rinderpest among the calves necessitated work being suspended for 10 days, but there was no stoppage of the supply of lymph owing to the precaution of keeping a fortnight's supply in hand.

In consequence of the success attending operations with a supply of glycerinated lymph which had been kept for 6 months, experiments are being made to ascertain its keeping qualities. It will be interesting and important to ascertain if lymph will retain its efficacy if kept in the plains throughout a hot weather if not exposed to sun-light, but the results will only be available for publication in the ensuing report.

The cost of the Department during the year amounted to Rs. 22,938, which was slightly in excess of that of the previous year, when it was Rs. 22,198 ; the cost of each successful case, however, was one anna and seven pies, or half a pie less than in 1898-99.

North-Western Provinces and Oudh.

164. Vaccination operations were conducted in the United Provinces, as usual, under the supervision of the Sanitary Commissioner, two Deputy Sanitary Commissioners, the 48 Civil Surgeons, who are styled District Superintendents, and 49 Native Assistant Superintendents, the controlling staff being thus the same as in the preceding year. The average number of vaccinators employed throughout the Province was 898 or 23 more than during 1898-99.

The number of operations performed was 1,511,436 against 1,398,684 in the preceding year, an increase of 112,752, and of the total 1,449,653 were primary cases and 61,783 re-vaccinations; a satisfactory increase in both classes as compared with the work of 1898-1899.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number sucessfully vaccinated per 1,000 of population*.
1877 . .	0·84	19·40†	1888 . .	0·56	15·14
1878 . .	3·99	14·74	1889 . .	1·00	16·09
1879 . .	1·72	12·42	1890 . .	1·26	19·48
1880 . .	0·19	12·93	1891 . .	0·56	19·10
1881 . .	0·39	15·59	1892 . .	0·16	20·34
1882 . .	0·60	13·69	1893 . .	0·13	25·38
1883 . .	3·14	12·94	1894 . .	0·09	26·81
1884 . .	4·59	12·88	1895 . .	0·04	28·47
1885 . .	0·33	13·50	1896 . .	0·91	28·87
1886 . .	0·24	14·05	1897 . .	1·86	25·97
1887 . .	0·19	14·93	1898 . .	0·05	26·92
			1899 . .	0·04	29·97

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* The ratios of successful vaccinations refer to the official year (April to March).
Excluding Oudh.

Of these 1,365,931 and 47,292 respectively were successful, the percentage of success being returned at 97·00 and 81·93, respectively, in cases in which the results were known. This is an improvement on the results for the two preceding years, *viz.*, 94·96 and 79·76 in 1898-99, and 93·74 and 68·20 in 1897-98 in the two classes of operations respectively. The average number performed by each vaccinator was 1,683·11, a commendable increase as compared with recent years; the figures being 1,598·5 in 1898-99, and 1,598·9 in 1897-98.

At dispensaries 891 primary operations were performed with a percentage of success of 97·25, against 525 operations and 90·02 per cent. of success in 1898-99; there were also 30 re-vaccinations by this agency, with a percentage of success of 44·00 against 71·43 the previous year.

There were 853,065 infants successfully vaccinated during the year, so that taking the birth-rate at 40 per mille of the census population, 45·24 per cent. were protected against 33·80 per cent. the year before, and a mean of 30·04 in the 3 previous years.

The Vaccination Act is in force in all municipalities and cantonments, but is enforced with a very varying degree of energy. Steps have been taken to direct the attention of the authorities concerned to the matter where necessary, and it is hoped this will have a beneficial effect where the rules are perfunctorily observed. There was, however, an increase of 14,828 successful primary vaccinations in these towns, as compared with the total for the previous year, and the proportion of persons protected rose from 33·1 per mille to 37·97.

The actual total number of cases inspected by the Deputy Sanitary Commissioners and Civil Surgeons increased to 134,614 cases from 129,403 in 1898-99, and similarly the Assistant Superintendents verified 456,379 operations against 411,165. This gives a percentage to the total number vaccinated of 8·91 and 30·19 for 1899-1900 as compared with 9·25 and 29·40 in 1898-99, by the two classes of inspecting officers respectively specified.

The results given show that superior inspecting officers found 96·97 per cent. successful, and inferior inspecting officers 95·08, as compared with a ratio of 96·41 per cent. claimed by vaccinators.

The lymph supply from the Almora and Garhwal depôts is reported to have been very good, while that from Tehri-Garhwal was unsatisfactory, and many tubes of the latter supply were rejected by the Deputy Sanitary Commissioner. Measures have been taken to improve matters. Besides these, there were three other minor depôts at work, one each in Lucknow, Allahabad and Bahraich; the supply from the latter was good, but that issued from the first only gave satisfactory results locally, but not so when sent elsewhere. It is suggested in explanation that the crude lymph does not retain its efficacy for any length of time under conditions of exposure.

The results of the lanoline calf lymph supplied to municipalities from the Allahabad depôt were found by the Deputy Sanitary Commissioner to be most disappointing. In this case the cause is attributed to inadequate supervision of the details of manufacture, and steps have been taken to remedy defects. The question of a central bovine lymph depôt, to be located in the hills, was still under consideration at the close of the year.

The total cost of the Department was Rs. 1,38,932, an increase of Rs. 7,965 over the expenditure in 1898-99, and this is due to the fact that the services of both Deputy Sanitary Commissioners were at the disposal of the Department throughout the year, whereas in 1898-99 one of these officers was absent on plague duty. However, the average cost of each successful case was one anna and six pies, as compared with one anna and eight pies in each of the three preceding years.

Punjab.

165. The strength of the Department was precisely the same as in the preceding year and consisted of the Sanitary Commissioner, the Deputy Sanitary Commissioner, the District Civil Surgeons, 6 Divisional Inspectors, 34 Native Inspectors and 303 Vaccinators.

The total number of operations performed in the Province was 943,074, an increase of 102,206 over the figures for the previous year. Of these 744,917 were primary cases and 198,157 re-vaccinations, compared with 661,937 and 178,931 respectively during 1898-99.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate. from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877	0·70	23·70	1888	0·90	40·84
1878	2·30	21·23	1889	0·42	40·13
1879	2·83	17·34	1890	0·47	37·15
1880	0·52	21·41	1891	0·17	33·24
1881	0·38	35·62	1892	0·54	33·25
1882	0·34	25·15	1893	0·20	37·72
1883	0·64	31·08	1894	0·30	35·48
1884	0·87	28·68	1895	0·41	37·44
1885	0·40	29·93	1896	2·19	36·65
1886	0·57	30·52	1897	0·78	35·04
1887	0·87	32·36	1898	0·24	35·37
			1899	0·25	36·30

* The ratios of successful vaccinations refer to the official year (April to March).

The District, Special and Cantonments staffs all show an increase in the work of primary vaccination, and the District and Cantonment staffs in that of re-vaccination, compared with the results of the preceding year. The Dispensary staff, however, performed less than half the number of primary operations to its credit in 1898-99, 344 cases against 808, though re-vaccinations were increased from 335 to 407.

The general provincial increase noted above is satisfactory, the total number of operations being the highest recorded for many years. The system instituted last year, by which the vaccinators work in groups instead of as isolated units, and to which, as a new departure, a falling-off in the results was attributed in the previous year, has now been developed more effectually and appears to be fully justified. In contrast to this general improvement, a decrease is noted in the work in eight districts, but this is mainly as regards re-vaccination, and various local and special conditions are declared to be responsible for what is doubtless only a temporary decline.

The decrease in the work of the Dispensary staff as regards primary operations is due to the fact that medical officers in charge of dispensaries are only permitted to vaccinate those who may attend for the purpose, and this number shows a tendency to diminish as confidence in the itinerant vaccinators developes.

Over the whole Province the percentage of success gained in primary vaccination is recorded as 94·68, as compared with 94·84 in 1898-99; but the results attending the few operations performed by the Dispensary staff exhibit a decline from 85·59 to 66·57 per cent. in 1898-99 and 1899-1900 respectively. In re-vaccinations, the whole provincial percentage of success was 62·55 in 1899-1900, against 58·80 in 1898-99.

Of the Native States which maintain their own vaccination staff, eight, against seven in the year before, furnished returns; in these States 92,981 primary cases and 36,845 re-vaccinations were performed, and to these figures the Patiala State alone contributed 56,413 and 35,654 respectively. The total shows an increase of 8,434 primary operations, but a decrease of 5,661 revaccinations, the latter result is no doubt largely due to revaccinations having been suspended during the year in the Nabha and Jhind States. The percentage of success in primary cases ranged from 98·07 to 92·21, and in revaccinations, from 100·0 in Bahawalpore and Maler Kotla, to 40·63 in Kapurthala.

On a hypothetical birth rate of 40 per mille of the census population of the province, 66·55 per cent. of the infants born were protected, an increase on the calculated results of the previous year, when the percentage was 59·97, and over the mean of the three years preceding 1898-99, which was 58·2 per cent.

The work of inspection performed by Civil Surgeons and Native Supervisors shows an improvement. The former verified 9·39 per cent. of the total primary operations, and 6·27 of the whole number of revaccinations, against 6·54 and 3·38 per cent. respectively in the previous year; the latter officers inspected 65·4 per cent. of the total primary cases, and 35·51 per cent. of the revaccinations, their figures for 1898-99 being 60·14 and 35·21 per cent. respectively. Divisional Inspectors verified 16·54 and 15·73 per cent. against 17·81 and 15·29 in 1898-99.

The percentages of success reported by the supervising staff were, as in the year before, in all cases higher than those reported by vaccinators.

The lymph in use was of 3 kinds, *viz.*, animal, human, and vaseline paste, and the percentage of success secured in primary cases was 99·31, 99·27 and 96·81 per cent. respectively, as compared with 99·20, 99·37 and 93·6 in the preceding year. In re-vaccinations the results were, vaseline paste 80·10 per cent. against 70·92 in 1898-99, animal lymph 77·75, against 73·65, and human 68·52 against 75·71. Vaseline lymph was more extensively used and with better results than in the previous year; it is expected that as vaccinators learn to apply this vaccine, the results will improve. The Deputy Sanitary Commissioner is carrying out experiments to determine the protective power of this compound by subsequent operations on the same subject repeated at varying intervals; comparative results from pure bovine lymph will be ascertained.

The animal lymph depôt was located at Murree from April to October inclusive, and at Amritsar for the rest of the year, *viz.*, November to March. Of vaseline vaccine paste, which is the only lymph prepared at the depôts 1,847 and 3,468 tubes were manufactured at Murree and Amritsar respectively, which represents a total increase of 2,149 tubes on the outturn of the preceding year; only 48 tubes are reported to have failed against 53 the year before. The expenditure incurred in maintaining the lymph depôt was only Rs. 760, and it is calculated that sufficient paste for each vaccination was produced at a cost of less than one pie.

The total cost of the Department during the year was Rs. 1,00,224, or Rs. 121 less than that of the year before, and it is notable that the cost of each successful case fell to one anna and eleven pies from two annas and two pies, at which rate it has stood for the three preceding years.

Central Provinces.

166. The only change in the strength of the Vaccination Department in the Central Provinces was an increase of 3 in the number of Native Superintendents of whom there were

31. The rest of the staff consisted of the District Civil Surgeons and 274 vaccinators, all under the control of the Sanitary Commissioner.

The total number of operations performed during the year was 484,535 or 49,361 more than in 1898-99; the increase in primary cases was 65,672, but there was a decrease of 16,311 in re-vaccinations, and the difference amounts to the net increase noted.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	0·37	37·68	1888 . .	1·22	37·51
1878 . .	2·18	37·41	1889 . .	1·99	34·87
1879 . .	3·44	34·89	1890 . .	0·26	37·94
1880 . .	0·69	38·45	1891 . .	0·08	38·25
1881 . .	0·24	47·64	1892 . .	0·10	34·25
1882 . .	0·45	36·48	1893 . .	0·17	33·78
1883 . .	0·53	36·37	1894 . .	0·16	36·58
1884 . .	0·55	36·01	1895 . .	0·70	34·83
1885 . .	0·38	32·15	1896 . .	0·82	30·56
1886 . .	0·31	34·32	1897 . .	0·38	28·39
1887 . .	0·38	36·49	1898 . .	0·09	31·70
			1899 . .	0·11	36·18

* The ratios of successful vaccinations refer to the official year (April to March).

The total of primary operations numbered 436,704 against 371,032 in 1898-99, 60,366 of the increase being apportioned to British territory, and 5,306 cases to Feudatory States. In re-vaccinations both areas exhibit a decline to the extent of 10,535 and 5,776 respectively, a total decrease of 16,311 cases, there having been only 47,831 re-vaccinations in 1899-1900, as compared with 64,142 in the preceding year.

As regards primary cases, the percentage of success in British districts was 96·65, and in Feudatory States 95·82, as against 96·82 and 92·86, respectively, the year before. The results for re-vaccinations are returned at 81·32 and 92·42 per cent. in the separate areas respectively, as compared with 79·15 and 95·70 in the preceding year.

The average number of persons vaccinated by each vaccinator rose creditably to 1,767 from 1,391 in 1897-98 and 1,588 in 1898-99.

The primary operations in British territory numbered in all 354,655, of which 342,782 were returned as successful, the percentage being 96·65, which was slightly less than the result secured in the previous year, when it was 96·82. Re-vaccinations numbered 41,739, of which 33,941 were successful, yielding a percentage of success of 81·32 against 79·15 per cent. in 1898-99.

In the Feudatory States primary operations amounted to 82,049, of which 78,616 were successful, compared with 76,743 and 71,263 respectively in the previous year. The percentage of success claimed being 95·82 in the year under review against 92·86 in 1898-99. Of re-vaccinations there were 6,092 against 11,868, and the percentage of success was 92·42 and 95·70 in 1899-1900 and 1898-99 respectively.

In addition to the above there were 24,788 operations performed at Dispensaries during the year, an increase of 10,712 compared with 1898-99: of these 18,166 were primary cases in British territory and 1,987 in the States, with a percentage of success of 92·87 and 91·79 in the separate areas respectively, against 94·03 and 91·51 the year previous. Re-vaccinations numbered 4,578 against 1,411 in 1898-99 in British territory, and 57 against 64 in Native States: the percentage of success returned being 75·01 in British territory, and 75·43 in the States, against 61·45 and 87·50, respectively, the year before.

Calculated on an estimated birth-rate of 40 per mille, 60·18 per cent. of the infants born in the year were protected, against 44·61 in 1898-99, and 44·3, the mean of the previous three years.

The visitation of famine affected the important work of inspection, which was more or less confined to relief camps, and, as a consequence, the returns show a decline in this respect as compared with the preceding year; it is stated however that "on the whole, inspection work was performed in a satisfactory manner." Civil Surgeons verified 15·99 per cent of the total number vaccinated, and Native Superintendents 50·95 per cent., against 17·19 and 53·35, respectively, in 1898-99. The percentage of successful cases approved was however higher, *viz.*, 92·27 in the cases examined by Civil Surgeons, and 95·02 by Native Superintendents, as compared with 89·08 and 92·19, respectively, in the previous year; the vaccinators themselves claimed 96·65 per cent. as successful.

As in the preceding year the operations were done with humanized lymph, fresh calf lymph, and calf lymph mixed with lanoline and with glycerine. The degrees of success secured by the various kinds of lymph have again not been stated comparatively, but it is satisfactory to note that the use of glycerinated lymph, which in the previous year's report had been declared unsatisfactory, was given a further trial at the suggestion of the Government of India, with far more satisfactory results, a percentage of success of 86·27 being attained against 72·69 in 1898-99.

The total cost of the Department, including British territory and Native States, was Rs. 49,743 as compared with Rs. 50,927 in 1898-99, showing a net decrease of Rs. 1,184. But analysis shows that the cost in the former area was Rs. 1,923 less than in the previous year, the decrease being attributed to the smaller number of inspections due to famine operations as already noticed. In Native States there was an increase of Rs. 792 due to the appointment of a Native Superintendent and a peon to each of three States, and to other minor charges. The cost of each successful case was 1 anna and 8¾ pies, against nearly two annas in 1898-99.

Berar.

167. The staff of the Department was precisely the same as that of the preceding year, *viz.*, 7 Native Superintendents and 44 vaccinators, and it worked up to its full complement under the control of the Sanitary Commissioner.

The total number of operations performed was 175,901, an increase of no less than 42,998 over the figure of the previous year; primary cases numbered 120,772, and re-vaccinations 55,129, against 94,032 and 38,871, respectively, in 1898-99. The causes of this satisfactory increase are attributed to the high birth-rate, to the influx of unvaccinated persons due to the famine, the accessibility of children on relief works and the use of lanolinated lymph.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	2·9	35·6	1888 . .	0·3	36·6
1878 . .	2·7	20·8	1889 . .	0·7	35·40
1879 . .	0·03	28·30	1890 . .	0·1	36·8
1880 . .	0·02	31·70	1891 . .	0·01	36·0
1881 . .	0·1	30·8	1892 . .	0·02	37·
1882 . .	0·1	36·1	1893 . .	0·06	35·0
1883 . .	1·5	30·33	1894 . .	0·3	32·2
1884 . .	0·02	37·0	1895 . .	0·2	31·8
1885 . .	0·09	36·2	1896 . .	0·28	34·5
1886 . .	0·04	35·6	1897 . .	0·2	34·7
1887 . .	0·1	35·2	1898 . .	0·2	34·6
			1899 . .	0·11	43·2

* The ratios of successful vaccinations refer to the official year (April to March).

The average number of operations performed by each vaccinator which stood at the high figure of 3,020, in 1898-99, rose to 3,997, and this excellent work was suitably acknowledged by rewards to six of the vaccinators.

The total number of successful primary operations numbered 115,789, and of re-vaccinations 9,522, compared with 91,286 and 8,989, respectively, in the preceding year, which represents a percentage of 95·8 and 17·2 against 97·1 and 23·1 in 1898-99.

Assuming a birth-rate of 40 per mille of the census population, 83·0 per cent. of those born are calculated to have been protected, a result largely in excess of that achieved in 1898-99 and during the quinquennial mean, for which the figures were 60·31 and 62·8 per cent. respectively.

The Sanitary Commissioner inspected 1·0 per cent. of the total primary operations against 2·06 in the previous year, and Native Superintendents 50·3 against 55·6 per cent; the percentages approved by these officers as successful were 98·2 and 94·2 per cent., while the vaccinators claimed 95·8 per cent. of success.

Work was commenced in the middle of September with a supply of lanolinated lymph obtained as usual from Mysore, the supply being maintained by calf-to-calf or arm-to-calf inoculation. Owing however to the famine, difficulty was experienced in procuring suitable calves for the latter procedure, and the only alternative was to resort to lanolinated lymph. To obtain all the paste required from Mysore would have been very costly, and the Sanitary Commissioner therefore arranged for its manufacture, in November, at Amraoti. The result of this arrangement was to produce the necessary supplies at a very considerably lower cost, and to admit of a larger number of operations at any one time or place, as the necessity for carrying calves from place to place was obviated. But the degree of success resulting from this paste was lower than that secured by the direct use of pure calf lymph, and has induced the Resident at Hyderabad to express the hope "that calf lymph will be reverted to as soon as circumstances permit."

The cost of the Department during the year under review was slightly in excess of that for 1898-99, *viz.*, Rs 18,202 against Rs. 17,521, but the cost of each successful case was less, being 2 annas and 3 pies against 2 annas and nine pies in the two years immediately preceding.

Madras.

168. The Vaccination Department in this Presidency was as usual under the general control of the Sanitary Commissioner, assisted by the Deputy Sanitary Commissioner and the District Medical and Sanitary Officers. The actual operating staff consisted of 61 Deputy Inspectors inclusive of those paid by Municipalities, and 824 vaccinators; of the latter class there were six more than in the previous year.

This staff was responsible for a total of 1,147,820 operations as compared with 1,105,084 in 1898-99 and 1,258,010 in 1897-98, each vaccinator being credited with an average of 1,375 operations against 1,330 the year before. Although there is some decline on the total work of the year 1897-98, the results may be considered satisfactory, in that there is an increase in primary

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.
1877 . .	3·02	21·	1888 . .	0·8	24·4
1878 . .	1·9	14·	1889 . .	1·0	26·1
1879 . .	0·6	13·	1890 . .	1·0	27·9
1880 . .	0·5	18·	1891 . .	1·4†	30·2
1881 . .	0·5	16·7	1892 . .	1·3	28·7
1882 . .	0·6	19·22	1893 . .	0·8	30·0
1883 . .	0·3	21·9	1894 . .	0·3	29·7
1884 . .	2·1	23·0	1895 . .	0·1	29·6
1885 . .	1·2	22·3	1896 . .	0·29	31·1
1886 . .	0·6	21·1	1897 . .	0·7	31·4
1887 . .	0·7	22·1	1898 . .	0·6	26·7
			1899 . .	0·51	28·3

* The ratios of successful vaccinations refer to the official year (April to March).

† Calculated on the census figures of 188

vaccination in Local Fund areas, and this is taken to indicate the subsidence of the plague inoculation scare which prejudicially affected the operations last year, and which doubtless has not entirely disappeared ; there was, however, a decline in re-vaccinations.

Of the full total noted above, 1,086,602 were primary cases, and 61,218 re-vaccinations, as compared with 1,028,221 and 76,863 respectively for the year before; and the percentage of success was higher, rising from 89·6 and 75·5 to 91·8 and 76·2 in the year under report.

In addition to the above, the number of operations performed at dispensaries in 1899-1900 was 11,589 against 12,909, or 1,320, less than the year before. Of this number 10,219 were primary cases and 1,370 re-vaccinations, and the percentage of success in the former rose from 83·6 in 1898·99 to 91·0, and in re-vaccinations from 68·1 to 71·5. With respect to the decline in Dispensary Vaccination, the Inspector of Vaccination and Deputy Sanitary Commissioner remarks :—"The number of cases in civil dispensaries shows a tendency to steadily decrease every year, and this is probably partly due to the increased energy exhibited by Local Fund and Municipal vaccinators."

Estimating the birth-rate at 40 per mille of the census population, 22·74 per cent. of the infants were protected, as compared with 19·84 in 1898-99, and 22·81, the mean of the three years preceding.

The work of inspection received less attention than in the preceding year, the percentage verified to total operations falling from 3·0 and 56·7 by Civil Surgeons and Native Superintendents, respectively, to 2·8 and 51·6 per cent. during the year under report. The degree of success approved by Civil Surgeons fell to 82·1 per cent. from 86·0 per cent. the year before, but the results reported by Native Superintendents were better, *viz.*, 88·1 per cent. successful as compared with 87·7 in 1898-99; vaccinators claimed 91·2 per cent. The Deputy Sanitary Commissioner apparently did no verification work. There was no new departure in the lymph used, which was of 4 kinds, *viz.*, fresh calf lymph, animal lymph preserved in tubes or plates, glycerine paste and lanoline paste.

The following exhibits the extent to which the several kinds of vaccine were used in the districts, excluding municipalities and dispensaries, as also the measure of success attending each.

	Number of cases, primary operations and revaccinations.	Percentage of success.
Fresh Calf lymph	198,554	97·6
Ditto Preserved (without admixture) ...	102,902	95·8
Glycerine paste	382,034	88·7
Lanoline "	348,213	88·5

In accordance with the experience of the past, the best results were secured with fresh calf lymph, and for the rest, as indicated in the order noted above. The results attained with lanolinated lymph in the previous year were slightly improved upon, and glycerine paste was far more successful than in 1898-99, when the ratio of success was only 82·4 per cent. It is notable that this last named preparation is now used as soon as possible after manufacture, the glycerine serving more as a diluent than as a preservative. The degree of success of glycerine paste would seem therefore to depend largely, in certain parts of India, on the time elapsing between the preparation of the paste and its use; the longer it is kept the greater the deterioration, so far as the experience of Madras tends to show.

The cost of the Department again showed a fall from Rs. 2,49,520 to Rs. 2,47,275, and the cost of each successful case declined from four annas and three pies to three annas and eleven pies; this result, as regards the aggregate saving, was brought about by several minor causes; and the increased number of operations reduced the net cost of each. The relative cost in various districts varies considerably; the most important determining factor being the use of fresh or preserved lymph, the latter being necessarily cheaper.

Coorg.

169. During the year under review the constitution of the Vaccination Department was the same as in the preceding year, the staff consisting of one Native Inspector and eight vaccinators under the supervision of the Civil Surgeon of the province. This staff performed a total of 9,996 operations, of which 8 091 were primary cases and 1,905 re-vaccinations, a satisfactory increase compared with the work of the previous year, when the total operations numbered only 5,283, and is attributed to the people having regained their confidence in the prophylactic which had been seriously shaken by the currency of a rumour that anti-plague inoculation was bring practised in the guise of vaccination.

Of the primary operations performed 7,681 were successful, yielding a ratio of 94·93 per cent. against one of 93·15 per cent. the year before. Of the re-vaccinations 1,457 cases were successful, a percentage of 76·48 as compared with 80·93 in 1898-99. At dispensaries 481 operations were performed, as against 390 in the previous year; of these, primary cases numbered 309 and re-vaccinations 172, which proved successful at the rate of 75·40 and 55·23 per cent., respectively, against 72·80 and 60·93 in 1898-99.

The improved results of the year's work increased the number of infants protected from 7·38 to 11·70 per cent. of the births estimated at 40 per mille of the census population.

The inspection work of the Native Inspector shows an improvement, the percentage of his inspections to the operations performed having been 32·27 against 10·95 in 1898-99, and 31·93 in 1897-98. The Civil Surgeon's inspections fell from 7·95 to 2·25 per cent. The percentage of success found by these officers was higher than that claimed by vaccinators, *viz.*, 90·35 per cent. Calf lymph was again exclusively used.

The cost of the Department during the year was Rs. 2,693 or about Rs. 50 less than in 1898-99. The cost of each successful case was four annas and nine pies, while in the year before it had risen to nine annas and one pie, but that was exceptional, the staff having to be maintained while vaccination was practically suspended.

Bombay.

170. Excluding the Native States of the Presidency, the Department under the control of the Sanitary Commissioner, consisted of 5 Deputy Sanitary Commissioners and 45 Inspectors of Sanitation and Vaccination; while the operating staff comprised an average of 357 vaccinators.

The total number of operations performed was 769,267, of which 680,063 were primary cases and 89,204 re-vaccinations, which were successful at the rate of 92·60 and 41·62 per cent. respectively. This shows an increase of 98,823 on the total number performed in the preceding year, when the degree of success was 92·75 and 57·25 per cent. for the two classes of operations.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	1·69	26·58	1888 . .	0·22	34·07
1878 . .	0·28	22·30	1889 . .	0·43	34·34
1879 . .	0·07	23·15	1890 . .	0·17	33·59
1880 . .	0·06	25·25	1891 . .	0·08	31·78
1881 . .	0·03	27·88	1892 . .	0·1	30·71
1882 . .	0·10	30·18	1893 . .	0·19	30·10
1883 . .	0·81	31·01	1894 . .	0·17	30·68
1884 . .	0·88	30·39	1895 . .	0·12	31·80
1885 . .	0·16	32·45	1896 . .	0·34	35·34
1886 . .	0·05	32·30	1897 . .	0·20	28·89
1887 . .	0·23	33·54	1898 . .	0·10	26·67
			1899 . .	0·10	29·35

* The ratios of successful vaccinations refer to the official year (April to March).

At dispensaries during the year, including those in Native States, 1,404 primary operations were performed and 2,257 re-vaccinations. This again is an improvement on the results of the preceding year when the two classes numbered 998 and 917 respectively. The ratios of success were 88·95 and 88·83, as compared with 96·75 and 71·86 per cent. the year before.

The vaccination work carried out in the Native States consisted of 185,162 primary cases and 7,115 revaccinations, but these figures do not include the returns for the Palanpur State for which the information was not received, as was the case in the previous year, and the returns are therefore comparable, and show a decrease of 7,733 primary cases and of 1,880 re-vaccinations as compared with 1898-99. The degree of success in the year under review was 95·76 and 70·04 for primary and re-vaccinations respectively, while in 1898-99 the results 95·55 and 68·99 respectively. The majority of the operations were performed on infants and children under 6 years of age. The proportional protection afforded to the population of all ages was 27·01 per mille against 28·23 in the previous year. The protection afforded to infants, calculating the birth-rate at 40 per mille of the population, was 56·30 per cent., while in 1898-99 it was only 49·91 per cent., the mean for the three preceding years being 57·54.

The inspection work done by Deputy Sanitary Commissioners shows an improvement on that of the preceding year, having risen from 2·32 to 4·61 per cent. of the total number of operations, while the work of the Inspectors and Superintendents declined from 40·68 to 34·28 per cent. The percentage of success found by these two classes of officers was 90·65 and 96·92, respectively, against 85·83 claimed by the vaccinators themselves.

As in the previous year inoculation was only practised in one place which was, however, not the same, the offender, for the prosecution of whom steps were taken, plied his trade this year in the Kashmore Taluka of the Sind District. In addition to arm-to-arm vaccinations, it would appear that animal lymph was very largely used throughout the year, and in one place lanoline vaccine paste, obtained from the Bangalore animal vaccination depôt, was introduced.

The cost of the Department showed an increase of Rs. 2,474, rising from Rs. 2,55,809 in 1898-99 to Rs. 2,58,283 in the year under report, but the cost of each successful case fell from 6 annas and 9 pies to six annas and 3 pies.

Burma.

171. The Vaccination Department in Burma under the control of the Sanitary Commissioner, was composed of the District Civil Surgeons, the Municipal Health Officers of Rangoon and

Mandalay, 14 Native Inspectors (an increase of 2) and an average of 188 Vaccinators (an increase of 11).

The total number of operations performed by this staff was 490,887 as compared with 466,308 in the preceding year and 421,786 in 1897-98. Both classes of work show an increase; primary cases rising from 439,050 to 456,762, and re-vaccinations from 27,258 to 34,125.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1877 . .	0·41	6·66	1888 . .	0·16	19·79
1878 . .	0·47	9·25	1889 . .	0·77	26·67
1879 . .	0·74	11·79	1890 . .	1·01	24·36
1880 . .	1·73	11·00	1891 . .	0·29	21·42
1881 . .	0·48	11·	1892 . .	0·32	25·79
1882 . .	0·21	12·50	1893 . .	0·68	30·35
1883 . .	0·19	16·70	1894 . .	0·38	35·38
1884 . .	1·67	19·95	1895 . .	0·34	44·89
1885 . .	0·58	13·46	1896 . .	0·37	55·44
1886 . .	0·03	14·69	1897 . .	0·41	48·08
1887 . .	0·06	16·70	1898 . .	1·01	53·03
			1899 . .	1·49	55·56

NOTE.—Figures prior to 1897 in this Statement refer to Lower Burma only.
* The ratios of successful vaccinations refer to the official year (April to March)

Re-vaccination has of recent years shown a steady rise, and it has been thought advisable to direct that more attention should be paid to the primary operation as in the opinion of the Sanitary Commissioner if this is efficiently performed, the need for re-vaccination is less urgent, nevertheless the work in the latter class in not comparable with the amount done in the small province of Berar.

The decree of success secured in primary cases was the same as in the year before, *viz.*, 94·71 per cent, and in re-vaccinations 58·72 against 59·55 per cent.

During the year under review the Burma Vaccination Law Amendment Act was passed (Burma Act II of 1900), whereby the Superintendents of Vaccination in the Rangoon Municipality, and in other Municipalities to which the Act may be subsequently extended, are empowered to require unprotected persons to be vaccinated, and which provides for the compulsory vaccination of inmates of lodging-houses or coolie barracks. These powers should avail for the protection of the coolie immigrants in Rangoon, a class very liable to harbour and spread small-pox, the compulsory vaccination of whom was discontinued in August 1896. It would appear that the Act did not come into force during the year under review as the returns for the Rangoon Municipality are the lowest for the past 5 years, there having been only 2,457 primary operations against 16,083 in 1895-96 with 2,899 re-vaccinations against 7,568 in 1895-96. The discontinuance of the compulsory vaccination of adults is urged as the cause of the steady fall referred to, which however should now give place to a return to a better state of things under the new Act.

The rise in Dispensary Vaccination referred to last year was not maintained, there having been a total of 12,627 operations as compared with 14,349 in 1898-99. The decrease was however wholly represented by primary cases, these numbering 6,033 against 8,209 the previous year; while re-vaccinations showed an increase, 6,594, against 6,140. The percentage of success in these operations was 89·86 and 61·03, respectively, as compared with 88·66 and 62·70 in 1898-99.

As pointed out by the Local Government, the success in primary cases was considerably below the average for the whole province, while as regards re-vaccinations it was abnormally high. Many of the figures furnished are obviously incredible and impair confidence in the results as a whole, for, as it is noted, "in Magwe 384 persons are reported to have been re-vaccinated, and all successfully, while in Sandoway, only four cases were successful out of 147."

Colonel Little remarks that "it is very evident that there is a considerable amount of false work returned by vaccinators, * * and an appreciable amount of incompetent and second rate work; this is clearly due to defective supervision and inspection, owing to the difficulty experienced by District Medical Officers in leaving head-quarters, and to the majority of the districts being without Native Superintendents."

The average number of operations performed by each vaccinator declined from 2,635 in 1898-99 to 2,611 in the year under review.

As in the preceding year only primary vaccination was carried out in the Shan States; the figures, exclusive of the Dispensary Vaccination, were for the Northern States 3,915 against 2,975, and for the Southern States 1,347 against 3,750 in 1898-99. The degree of success however declined considerably, the percentage for the two states having been only 62·30 and 74·90, respectively, as compared with 82·49 and 86·80 per cent. in the preceding year

Infant protection, taking the births at 40 per mille, is calculated to have been attained in 40·14 per cent. of the population under one year of age, as compared with 37·71 per cent. in 1898-99, and a mean of 29·4 for the three years preceding.

The inspection work of the Civil Surgeons shows an improvement, the percentage of cases verified to total operations having been 22·91 against 21 67 the year previous; on the other hand the work of the Native Superintendents shows a fall from 18·14 per cent. to 14·13 per cent. The staff of 14 Native Superintendents is considered inadequate, and the question of increasing the number is to be considered, but at the same time there appears to be no justification for the smaller display of energy than in previous years, especially in view of the quality of the work they have to supervise. Proposals for the reorganization of the entire establishment, in order to secure better supervision, more general extension of vaccination, and a better quality of work will be submitted to Government during the current year. The percentage of success found by the Civil Surgeons was 87·49, against 89·88 by the Superintendents, while vaccinators claimed 92·21 per cent. of their cases as successful. The corresponding ratios of success for the preceding year, were Civil Surgeons 89·35, and Native Superintendents 89·07 per cent., against the claim of 92·66 per cent. preferred by the Vaccinators.

It is reported that the practice of inoculation prevails pretty generally throughout the province, and it is not surprising to find that the persons responsible and to whom it means a livelihood discredit vaccination, "as they spread small-pox from village to village." They have the sympathy of the people who are accustomed to the practice and therefore, while appreciating vaccination, "prefer the old, though mischievous, usage, to what they regard as foreign inventions." Some of the native Burman officials exercise their influence to discredit vaccination.

The operations of the Department were carried on by the use of humanized lymph through arm to arm transfer, and by glycerinated lymph prepared at the Rangoon and Taunggyi depôts. Some lanoline lymph was obtained from Bangalore and used in certain municipal towns; no details are available as to the comparative results obtained. It appears hovever that the lymph prepared at the Rangoon depôt was fairly successful, and met all reasonable requirements; the quantity of vaccine perpared, as the result of the inoculation of 126 calves, was 27,390 grains, of which 26,971 grains were issued for use, as compared with 16,979 grains issued during the previous year.

The outturn of vaccine from the Taunggyi depôt was greatly in excess of that during either of the two preceding years, but the number of grains actually issued is not stated. In the early part of the year lanoline paste was prepared, but this preparation showed a tendency to become mouldy and to decompose readily, and so this vehicle was replaced by the use of glycerine, but even this was found to retain its potency only for a comparatively limited time. The results of the vaccine issued are conflicting, very good results being obtained in some places, while elsewhere it proved almost a complete failure. Various causes are assigned for this, but the Sanitary Commissioner considers a most important, if not the main, factor, to be probably the free use of perchloride of mercury both in the preparation of the calf and the collection of the vesicles. Difficulties in obtaining calves, etc., have decided the Sanitary Commissioner to propose the removal of the depôt to Meiktila, making it the source of supply for Upper Burma, while the Rangoon depôt will be available for Lower Burma.

The cost of the Department rose from Rs. 69,675 in the previous year to Rs. 73,683, but the cost of each successful case was the same in both years, *viz.*, two annas and seven pies. The enhanced expenditure is attributed to the increase in the strength of the supervising officers and vaccinators, which besides salaries, also necessarily raised the charges for travelling allowances. Charges on account of contingences also increased, and were due to inevitable causes.

Ajmer-Merwara.

172. In this small area of British territory in Rajputana, vaccination was as usual supervised by the Civil Surgeon of Ajmer. The staff comprised one native supervising officer and 13 vaccinators, being the same as in the two preceding years.

In 1899-1900 a total of 27,080 operations were performed, or an increase of 9,132 over the number for 1898-1899. Of the 26,077 primary operations, 25,838 were successful, a ratio of 99·08 per cent., and of the 1,003 revaccinations 911 were successful or 90·83 per cent. The percentage of success in the year 1898-1899 was 98·46 and 65·15 for the two classes respectively.

YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*	YEAR.	Death-rate from small-pox per 1,000 of population.	Number successfully vaccinated per 1,000 of population.*
1879 . .	1·00	10·	1889 .	3·66	20·
1880 . .	1·67	9·	1890 . .	·68	26·35
1881 . .	4·04	11·	1891 .	1·03	23·75
1882 . .	1·56	10·	1892 .	3·05	19·99
1883 . .	1·25	10·04	1893 .	·13	22·34
1884 . .	2·06	8·	1894 .	·81	24·30
1885 . .	2·83	7·	1895 .	1·39	28·39
1886 . .	2·47	16·	1896 .	7·05	29·51
1887 . .	·96	22·	1897 . .	0·29	30·09
1888 . .	1·48	22·	1898 . .	0·75	32·50
			1899 . .	1·77	49·32

* The ratios of successful vaccinations refer to the official year (April to March).

Calculated on an estimated birth-rate of 40 per thousand of population, the proportion of infants protected was 63·11 per cent. of the whole, compared with 55·34 per cent. in 1898-99, and a mean of 49·4 during the three years preceding.

Inspections by the Civil Surgeon were confined to the Ajmer district, where he examined 8·48 per cent. of all the operations performed therein, and found 98·91 per cent. successful; the native superintendent verified 39·19 per cent. of the work, of which 98·70 per cent. was found successful.

The cost of the Department increased from Rs. 2,185 in 1898-99 to Rs. 2,276, but the cost of each successful case was only one anna and four pies, against two annas the year before.

Vaccination among troops.

173. Statistics of the vaccination among European and Native troops are given in Statement VII of Appendix A.

Compulsory vaccination Act.

174. A list of the towns, cantonments and rural tracts in which the compulsory Act was in force during 1899-1900, forms Appendix B to this Section, those into which it was introduced during the year being distinguished by asterisks.

Appendix A to Section VII.

STATEMENT No. I.—*Showing the strength of the Special Vaccination Establishment in each Province, and the total number of persons vaccinated by them during the year 1899-1900.*

PROVINCE.	Population amongst whom vaccination was carried on (census of 1891).	Average population per square mile.	STAFF.			TOTAL NUMBER OF PERSONS VACCINATED.			Average number vaccinated by each vaccinated.
			European supervising officers (omitting Civil Surgeons).	Native supervising officers.	Average number of vaccinators employed during the year.	Male.	Female.	TOTAL.	
Bengal	70,974,023	395	3	207	3,592	1,109,144	1,030,659	2,139,803	596
Assam*	5,716,833	194?	...	19	220	137,295	98,736	236,031	988
North-Western Provinces and Oudh.	47,146,033	421	2	49	898	789,917	721,519	1,511,436	1,683
Punjab	20,553,982	186	1	40	296	509,632	422,840	932,472	3,150
Central Provinces	12,739,620	111	?	32†	274	247,504	237,031	484,535	1,767
Berar	2,897,040	192	...	7	44	98,778	77,123	175,901	3,997
Madras Presidency	35,651,577	261	1	61	824	611,544	536,276	1,147,820	1,375
Coorg	173,055	109	...	1	9	7,019	2,977	9,996	1,110
Bombay Presidency	22,612,220	139	6	45	434	409,020	356,036	765,056	1,763
Burma	8,146,855	81	...	14	188	255,765	235,122	490,887	2,611
Ajmere-Merwara	542,358	200	1	1	13	15,519	11,561	27,080	2,083

* Excluding Tea Gardens.

† One is a Medical Officer.

STATEMENT No. II.—*Showing the proportion of successful cases in primary vaccinations and re-vaccinations performed by the Special Vaccination Establishment in each Province during the year 1899-1900.*

PROVINCE.	PRIMARY VACCINATIONS.				RE-VACCINATIONS.		PERCENTAGE OF SUCCESSFUL CASES.	
	Total.	Successful.			Total.	Successful.	Primary.	Re-vaccinations.
		—1	—6	Total of all ages.				
Bengal	2,115,335	588,794	1,308,746	2,069,078	24,468	12,316	97·81	50·33
Assam*	220,537	58,078	109,837	217,909	15,494	13,721	98·81	88·56
North-Western Provinces and Oudh.	1,449,653	852,334	438,649	1,365,931	61,783	47,292	97·00	81·93
Punjab	738,325	546,949	127,616	699,085	194,147	120,853	94·68	62·25
Central Provinces	436,704	293,515	92,537	421,398	47,831	39,571	96·50	82·73
Berar	120,772	96,180	14,285	115,789	55,129	9,522	95·8	17·2
Madras Presidency	1,086,602	322,281	501,510	971,568	61,218	42,509	91·8	76·2
Coorg	8,091	800	4,285	7,681	1,905	1,457	94·93	76·48
Bombay Presidency	678,659	508,934	108,616	628,536	86,947	35,122	92·68	40·39
Burma	456,762	129,377	208,364	432,622	34,125	20,035	94·71	58·72
Ajmer-Merwara	26,077	13,690	7,640	25,838	1,003	911	99·08	90·83

* Excluding Tea Gardens.

Appendix A to Section VII—*continued.*

STATEMENT NO. III.—*Showing the cost of the Special Vaccination Establishment in each province, the cost of each successful case and the sources from which the expenses were paid during the year 1899-1900.*

PROVINCE.	EXPENDITURE.				PAID FROM						Average cost of each successful case.
	Establishment.	Travelling allowances.	Contingencies.	TOTAL.	Imperial funds.	Provincial funds.	Local funds.	Municipalities.	Native States.	TOTAL.	
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	R .	Rs.	Rs.	Rs.	R. A. P.
Bengal	1,16,002	47,405	21,007	1,84,414	...	1,43,115	4,150	35,105	2,044	1,84,414	0 1 4
Assam	18,575	3,018	1,345	22,938	...	8,825	11,815	872	1,426	22,938	0 1 7
N.-W. P. & Oudh	1,25,983	4,852	8,097	1,38,932	...	94,687	11,439	24,471	8,335	1,38,932	0 1 6
Punjab	88,130	5,816	6,278	1,00,224	...	20,917	54,842	22,854	1,611	1,00,224	0 1 11
Central Provinces	44,514	3,181	2,048	49,743	...	3,102	35,901	3,243	7,497	49,743	0 1 8¾
Berar	17,472	27	702	18,201	...	18,201	...	...	...	18,201	0 2 3
Madras Presidency	1,62,125	35,635	49,515	2,47,275	2,283	21,794	1,90,661	31,010	1,527*	2,47,275	0 3 11
Coorg	1,891	222	579	2,692	...	2,149	...	543	...	2,692	0 4 9
Bombay Presidency	2,07,165	22,522	28,596	2,58,283	...	82,392	1,04,573	40,030	31,288	2,58,283	0 6 3
Burma	55,218	15,382	3,083	73,683	2,832	13,604	38,057	18,800	390	73,683	0 2 7
Ajmer-Merwara	2,124	80	72	2,276	792	...	732	752	...	2,276	0 1 4

* Paid from Zamindaries.

STATEMENT NO. IV.—*Showing the vaccinations performed by the Dispensary and other Establishments in each province during the year 1899-1900.*

PROVINCE.	Number of vaccinators attached to dispensaries, &c.	Total number of persons vaccinated.	Average number vaccinated by each vaccinator.	PRIMARY VACCINATIONS.				RE-VACCINATIONS.		PERCENTAGE OF SUCCESSFUL CASES.	
				TOTAL.	SUCCESSFUL.			TOTAL.	Successful.	Primary.	Re-vaccinations.
					—1	—6	Total of all ages.				
Bengal	245	112,718	460	88,649	30,274	45,193	83,746	24,069	11,755	94·46	48·83
Assam	...	24,715	...	23,075	3,715	11,578	22,420	1,640	1,512	97·16	92·19
N.-W. P. & Oudh	...	921	...	891	731	92	848	30	11	97·25	44·00
Punjab	...	751	...	344	164	41	229	407	339	66·57	83·29
Central Provinces	...	24,788	...	20,153	13,154	3,903	18,695	4,635	3,477	92·76	75·01
Berar*	...	...	...	...	...	...	...	...	...	...	...
Madras Presidency	...	11,589	...	10,219	1,960	5,035	9,019	1,370	884	91·0	71·5
Coorg	...	481	481	309	10	41	233	172	95	75·40	55·23
Bombay Presidency	...	3,615	3,615	1,404	317	235	1,208	2,257	2,005	88·95	88·83
Burma	...	12,627	...	6,033	1,445	2,161	5,421	6,594	4,024	89·86	61·03
Ajmer-Merwara†	...	...	...	...	...	...	...	...	...	...	...

* Dispensary vaccination transferred to Special Establishment since July 1892.

† No vaccinators attached to Dispensaries.

STATEMENT NO. V.—*Showing the total vaccinations performed by the Special Vaccination and Dispensary Establishments combined in each province during the year 1899-1900.*

PROVINCE.	TOTAL NUMBER SUCCESSFULLY VACCINATED.			Ratio of successful Vaccinations per 1,000 of population.*	AVERAGE ANNUAL SUCCESSFUL VACCINATIONS DURING PREVIOUS FIVE YEARS.*		AVERAGE ANNUAL DEATHS FROM SMALL-POX DURING PREVIOUS FIVE YEARS.*	
	By Vaccine Department.	By Dispensaries.	TOTAL.		Number.	Ratio per 1,000.	Number.	Ratio per 1,000.
Bengal	2,081,394	95,501	2,176,895	29·32	2,066,359	29·11	13,363	0·18
Assam†	231,630	23,932	255,562	40·52	222,225	38·87	4,295	0·85
North-Western Provinces and Oudh.	14,13,223	859	1,414,082	29·97	1,292,174	27·41	27,744	0·59
Punjab	819,938	568	820,506	36·30§	666,149§	32·41§	16,006§	0·78§
Central Provinces . .	460,369	22,172	483,141	36·18	408,037	32·03	4,143	0·39
Berar	125,311	‡	125,311	43·2	97,291	33·5	576	0·2
Madras Presidenc .	1,014,077	9,903	1,023,980	28·3	1,060,665	29·6	13,608	0·4
Coorg	9,138	328	9,466	52·80	8,296	47·94	32	0·18
Bombay Presidency . .	663,658	3,213	666,871	29·35	674,636	29·84	3,371	0·15
Burma	452,657	9,445	462,102	55·56	352,880	43·22	2,346	0·29
Ajmer-Merwara . .	26,749	¶	26,749	49·32	15,773	29·08	1,116	2·06

* Calculated on the work done by the Special Establishment only.
† Excluding Tea Gardens.
‡ Dispensary Vaccination transferred to Special Establishment since July 1892.
§ Refers to the District Staff only.
¶ No vaccinators attached to Dispensaries.

STATEMENT NO. VI.—*Showing the operations performed by the Special Vaccination and Dispensary Establishments combined with the estimated Births in each province during the year 1899-1900.*

PROVINCE.	Annual births estimated at 40 per 1,000 of population.	NUMBER OF CHILDREN SUCCESSFULLY VACCINATED UNDER ONE YEAR.			Percentage of annual estimated births successfully vaccinated.	NUMBER OF CHILDREN SUCCESSFULLY VACCINATED ABOVE ONE AND UNDER SIX YEARS.		
		By Vaccine Department.	By Dispensaries.	TOTAL.		By Vaccine Department.	By Dispensaries.	TOTAL.
Bengal	2,838,961	588,794	30,274	619,068	21·81	1,308,746	45,193	1,353,939
Assam	228,673	58,078*	3,715	61,793	27·02	109,837*	11,578	121,415
North-Western Provinces and Oudh . . .	1,885,841	852,334	731	853,065	45·24	438,649	92	438,741
Punjab	822,159	546,949	164	547,113	66·55	127,616	41	127,657
Central Provinces . .	509,584	293,515	13,154	306,669	60·18	92,537	3,903	96,440
Berar	115,882	96,180	†	96,180	83·00	14,285	†	14,285
Madras Presidency . .	1,426,063	322,281	1,960	324,241	22·74	501,510	5,035	506,545
Coorg	6,922	800	10	810	11·70	4,285	41	4,326
Bombay Presidency . .	904,489	508,934	317	509,251	56·30	108,616	235	108,851
Burma	325,874	129,377	1,445	130,822	40·14	208,364	2,161	210,525
Ajmer-Merwara . .	21,694	13,690	‡	13,690	63·11	7,640	‡	7,640

* Excluding Tea Gardens.
† Dispensary vaccination transferred to Special Establishment since July 1892.
‡ No Vaccinators attached to Dispensaries.

Appendix A to Section VII—*concluded.*

STATEMENT NO. VII.—*Showing the number of persons primarily vaccinated and the number of those who were successfully vaccinated, in Her Majesty's European and Native Troops in India during the official year ending 31st March 1900.*

	EUROPEAN ARMY.														NATIVE ARMY.													
	Officers.		Officers' Wives.		Officers' Children.		Warrant and Non-Commissioned Officers and Men.		Women.		Children.		Total.		European Officers.		European Officers' Wives.		European Officers' Children.		Native Commissioned, Non-Commissioned Officers and Men.		Women.		Children.		TOTAL.	
	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Bengal	...	...	...	...	9	7	...	...	2	1	347	268	358	276	10	7	1	1	3	3	1,663	1,085	54	50	1,221	1,124	2,952	2,270
Punjab	...	...	...	...	6	4	...	...	...	...	383	316	389	320	2	2	1	1	4	3	2,474	2,069	133	122	1,485	1,400	4,099	3,597
Madras	...	...	...	...	2	2	26	20	1	...	173	131	202	153	4	...	...	...	4	3	1,471	789	247	115	1,956	1,556	3,682	2,463
Bombay	...	...	...	...	4	4	...	...	1	1	247	168	252	173	9	8	4	3	12	10	880	514	92	60	2,347	2,174	3,344	2,769
Hyderabad Contingent .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	413	299	35	32	1,031	893	1,480	1,224
INDIA .	...	...	...	...	21	17	26	20	4	2	1,150	883	1,201	922	25	17	6	5	24	19	6,901	4,756	561	379	8,940	7,147	15,557	12,323

Appendix B to Section VII.

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.	Town.		Rural tract.
Bengal.			
Burdwan	1 Burdwan	Burdwan Division.	1 From the river Damodar to Assansol on the Bengal-Nagpur Railway.
	2 Raniganj		
	3 Katwa		
	4 Dainhat		
	5 Kalna		
Bankura	6 Bankura		
	7 Vishnupur		2 The storeyard in village Dihika.
	8 Sonamukhi		
Birbhum	9 Suri		
	10 Rampur Hat		3 The branch line from station Damodar on the Bengal-Nagpur Railway to Sanctoria
	11 Khalasi para		
	12 Bogtoi		
	13 Brahmanigram		
	14 Kalisara		
Midnapore	15 Midnapur		
	16 Ghatal		
	17 Chandrakona		4 The Bengal-Nagpur Railway premises at Assansol (Budha).
	18 Kirpai		
	19 Ramjibunpur		
	20 Kharar		
	21 Tamluk		
Hooghly	22 Hooghly and Chinsura.		None.
	23 Utterpara.		
	24 Bansberia.		
	25 Serampore.		
	26 Baidyabati.		
	27 Bhadreswar.		
	28 Kotrung.		
	29 Jahanadad.		
Howrah	30 Howrah.		
	31 Bally.		
24-Parganas	32 Cossipur and Chitpur.		
	33 Manikotla.		
	34 Baranagar.		
	35 South Subarbun.		
	36 Rajpur.		
	37 Baruipur.		
	38 Jaynagar.		
	39 South Barrakpur.		
	40 North Barrakpur.		
	41 North Dum-Dum.		
	42 South Dum-Dum.		
	43 Basirhat.		
	44 Taki.		
	45 Baduria.		
	46 Barasat.		
	47 Naihati.		
	48 Gobardanga.		
Khoolna	49 Khoolna.		
	50 Satkhira.		
	51 Chanduria.		
	52 Debhatta.		
Nadia	53 Krishnagar.		
	54 Nadia.		
	55 Kushtia.		
	56 Kumarkhali.		
	57 Meherpur.		
	58 Santipur.		
	59 Ranaghat.		
	60 Chakdaha.		
	61 Birnagar.		
Jessore	62 Jessore.		
	63 Kotchandpur.		
	64 Moheshpur.		
Murshidabad	65 Berhampur.		
	66 Lalbag or City Murshidabad.		
	67 Jhangipur.		
	68 Kandi.		
Dinajpur	69 Dinajpur.		
Rajshahi	70 Rampur Boalia.		
	71 Nattore.		
Rangpur	72 Rangpur.		
Bogra	73 Bogra.		
	74 Sherpur.		
Pabna	75 Pabna.		
	76 Serajganj.		

Province and district.	Town.		Rural tract.
Darjeeling	77 Darjeeling.		None.
	78 Kurseong.		
Jalpaiguri	79 Jalpaiguri.		
Dacca	80 Dacca.		
	81 Narainganj.		
Faridpur	82 Faridpur.		
	83 Madaripur.		
Backerganj	84 Barisal.		
	85 Jhalokati.		
	86 Nalchiti.		
	87 Ferozepur.		
	88 Patuakhali.		
Mymensingh	89 Nasirabad.		
	90 Muktagacha.		
	91 Jamalpur.		
	92 Sherpur.		
	93 Tangail	Villages of Chittagong District.	
	94 Netrokona		
	95 Kishoreganj		
	96 Bazitpur		
Tipperah	97 Comilla		
	98 Brahmanbaria		1 Maheshkali.
	99 Chandpur		2 Patenga.
Noakhally	100 Sudharam or Noakhali.		3 Goshaildenga.
Chittagong	101 Chittagong		4 Halishahar.
	102 Cox Bazar		5 Katakhali.
Patna	103 Patna City		6 Bakaliya.
	104 Dinapur Nizamut.		7 Chandgaon.
	105 Barh		8 Nasirabad.
	106 Bihar		9 Pahartali.
Gya	107 Gya		10 Agrabad.
	108 Tikari		
	109 Daudnagar		
Shahabad	110 Arrah		
	111 Buxar		
	112 Dumraon.		
	113 Sasaram.		
	114 Jagadishpur.		
	115 Bhabhua.		
Darbhanga	116 Darbhanga.		
	117 Roserha.		
	118 Madhubani.		
Muzaffarpur	119 Muzaffarpur.		
	120 Sitamarhi.		
	121 Lalganj.		
	122 Hajipur.		
Saran	123 Chapra.		
	124 Siwan.		
	125 Revilganj.		
Champaran	126 Motihari.		
	127 Bettiah.		
Mooghyr	128 Monghyr.		
	129 Jamalpur.		
	130 Jamui.		
Bhagalpur	131 Bhagalpur.		
	132 Colgong.		
Purneah	133 Purneah.		
	134 Kishorganj.		
Maldah	135 English Bazar.		Area situated within the Bengal-Nagpur Railway boundary from mile 421·368 west of Nimdip Nala to mile 620·75 where the line crosses the Damodar river within the jurisdiction of the Commissioner of the Chota Nagpur Division.
	136 Old Maldah	Chota Nagpur Division.	
Sonthal Parganas.	137 Deoghar		
	138 Sahibganj		
	139 Dumka		
	140 Rajmahal		
Cuttack	141 Cuttack		
	142 Kendrapara		
	143 Jajpur		
Balasore	144 Balasore		
Puri	145 Puri		
Hazaribagh	146 Hazaribagh		
	147 Chatra		
Lohardaga	148 Ranchi		
	149 Lohardaga		
Palamau	150 Daltonganj		
Manbhum	151 Purulia		
	152 Jhalda		
	153 Raghunathpur		
Singbhum	154 Chaibasa.		

Appendix B to Section VII—*continued.*

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.		Town.	Rural tract.	
Assam.				
Cachar	1	Silchar	...	None.
Sylhet	2	Sylhet	...	
Goalpara	3	Dhubri	...	
	4	Goalpara	...	
Kamrup	5	Gauhati	...	
Lakhimpur	6	Dibrugarh	...	
Sibsagar	7	Sibsagar Station	...	
	8	Golaghat Union	...	
	9	Jorhat Union	...	
Khasi and Jaintia Hills.	10	Shillong	...	
Nowgoug	11	Nowgong	...	
North-Western Provinces and Oudh.				
Almora	1	Almora	...	None.
Naini Tal	2	Naini Tal	...	
	3	Khasipur	...	
	4	Haldwani	...	
Bijnor.	5	Bijnor	...	
	6	Chandpur	...	
	7	Dhampur	...	
	8	Nagina	...	
Moradabad	9	Najibabad	...	
	10	Moradabad	...	
	11	Chandausi	...	
	12	Amroha	...	
	13	Sambhal	...	
Bareilly	14	Bareilly	...	
Pilibhit	15	Pilibhit	...	
	16	Bilaspur	...	
Shahjahanpur	17	Shahjahanpur	...	
	18	Tilhar	...	
Budaun	19	Budaun	...	
	20	Bilsi	...	
	21	Uphani.	...	
	22	Sahaswan	...	
Dehra Dun	23	Dehra	...	
	24	Mussoorie	...	
Saharanpur	25	Saharanpur	...	
	26	Hardwar Union	...	
	27	Deoband	...	
	28	Roorkee	...	
Muzaffarnagar	29	Muzaffarnagar	...	
	30	Kairana	...	
	31	Kandhla	...	
Meerut	32	Meerut	...	
	33	Ghaziabad	...	
	34	Baraut	...	
	35	Bagput	...	
	36	Sardhana	...	
	37	Mawana	...	
	38	Shahdara	...	
	39	Hapur	...	
	40	Pikhawa	...	
Bulandshahr	41	Bulandshahr	...	
	42	Anupshahr	...	
	43	Sikandrabad	...	
	44	Khurja	...	
Aligarh	45	Koil	...	
	46	Hathras	...	
	47	Sihandra Rao	...	
	48	Atrauli	...	
Etah	49	Etah	...	
	50	Soron	...	
	51	Kasganj	...	
	52	Marehra	...	
	53	Jalesar	...	
Muttra	54	Muttra	...	
	55	Kosi	...	
	56	Brindaban	...	
Farukhabad	57	Farukhabad-Fatehgarh.	...	
Mainpuri	58	Mainpuri	...	
Agra	59	Agra	...	
	60	Fatehpur-Sikri	...	
	61	Ferozabad	...	
Etawah	62	Etawah	...	
Lucknow	63	Lucknow		
North-Western Provinces and Oudh—*contd.*				
Unao	64	Unao	...	None.
Rae Bareili	65	Rae Bareili	...	
Sitapur	66	Sitapur	...	
	67	Khairabad	...	
	68	Shahabad	...	
Hardoi	69	Hardoi	...	
	70	Sandi	...	
	71	Pihani	...	
	72	Sandila	...	
Kheri	73	Lakhimpur	...	
	74	Muhamdi	...	
Cawnpore	75	Cawnpore	...	
Fatehpur	76	Fatehpur	...	
Banda	77	Banda	...	
Allahabad	78	Allahabad	...	
Jalaun	79	Orai	...	
	80	Kalpi	...	
	81	Kunch	...	
Jhansi	82	Jhansi	...	
	83	Mau Ranipur	...	
	84	Lalitput	...	
Fyzabad	85	Fyzabad-Ajudhia	..	
	86	Tanda	...	
Gonda	87	Gonda	...	
	88	Nawabganj	...	
	89	Utraula	...	
	90	Balrampur	...	
Bahraich	91	Bahraich	...	
	92	Bhinga	...	
	93	Nanpara	...	
Barabanki	94	Nawabganj	...	
Sultanpur	95	Sultanpur	...	
Pertabgarh	96	Bela	...	
Gorakhpur	97	Gorakhpur	...	
Azamgarh	98	Azamgarh	...	
Ghazipur	99	Ghazipur	...	
Ballia	100	Ballia		
Benares	101	Benares	...	
Mirzapur	102	Mirzapur	...	
	103	Chunar	...	
Jaunpore	104	Jaunpur	...	
Punjab.				
Rohtak	1	Rohtak	...	None.
	2	Beri	...	
Delhi	3	Delhi	...	
Umballa	4	Umballa	...	
Simla	5	Simla	...	
	6	Kasauli	...	
	7	Subathu	...	
	8	Dagshai	...	
Jhang	9	Jhang Cum Maghiana	...	
Lahore	10	Lahore	...	
Amritsar	11	Amritsar	...	
Bannu	12	Edwardesabad	...	
	13	Isa Khel	...	
Dera Ghazi Khan.	14	Dera Ghazi Khan	...	
	15	Leiah	...	
Kangra	16	Dharmsalla	...	
Jullundur	17	Jullundur	...	
Gurdaspur	18	Dalhousie	...	
Rawalpindi	19	Murree	...	
	20	Rawalpindi	...	
Jhelum	21	Jhelum	...	
	22	Pind Dadan Khan	...	
Mooltan	23	Mooltan	...	
Gujranwalla	24	Gujranwalla	...	
Central Provinces.				
Raipur	1	Raipur	...	None.
Nagpur	2	Nagpur	...	
Narsinghpur	3	Narsinghpur	...	
	4	Chhindwara	...	
	5	Gadarwara	...	
Hoshangabad	6	Harda	...	
Sambalpur	7	Sambalpur	...	

Appendix B to Section VII—*continued.*

List of towns and rural tracts where the Compulsory Vaccination Act is in force.

Province and district.		Town.	Rural tract.	
Central Provinces—*contd.*				
Damoh	8	Damoh	...	None.
	9	Hatta	...	
Balaghat	10	Burha	...	
	11	Lalbara	...	
	12	Waraseoni	...	
	13	Katangi	...	
Chhindwara	14	Chhindwara	...	
Burhanpur	15	Burhanpur	...	
Bhandara	16	Bhandara	...	
	17	Pauni	...	
	18	Tumsar	...	
Bilaspur	19	Bilaspur	...	
Saugor	20	Saugor	...	
	21	Rehli	...	
	22	Khurai	...	
	23	Deori	...	
	24	Garhakotah	...	
Nimar	25	Khandwa	...	
Betul	26	Badnur	...	
	27	Betul	...	
	28	Multai	...	
Wardha	29	Wardha	...	
	30	Hinganghat*	...	
Seoni	31	Seoni	...	
Mandla	32	Mandla	...	
Jubbulpore	33	Sehoru	...	
	34	Murwara	...	
Berar.				
Amraoti	1	Amraoti	...	None.
	2	Amraoti Camp	...	
	3	Karenja	...	
Akola	4	Akola	...	
	5	Khamgaon	...	
	6	Shegaon	...	
	7	Akot	...	
Basim	8	Basim	...	
Wun	9	Yeotmal	..	
Buldana	10	Buldana	...	
Ellichpur	11	Ellichpur City	...	
	12	Ditto Civil Station	...	
Madras.				
Bellary	1	Adoni	...	None.
	2	Bellary	...	
Anantapur	3	Anantapur	...	
Vizagapatam	4	Anakapalle	...	
	5	Bimlipatam	...	
	6	Vizagapatam	...	
	7	Vizianagram	...	
Ganjam	8	Berhampur	...	
	9	Chicacole	...	
	10	Parlakimedi	...	
Kistna	11	Bezwadah	...	
	12	Guntur	...	
	13	Masulipatam	...	
Malabar	14	Calicut	...	
	15	Cannanore	...	
	16	Cochin	...	
	17	Palghat	...	
	18	Telichery	...	
South Arcot	19	Chidambaram	...	
	20	Cuddalore	...	
	21	Tiruvannamalai	...	
Godavari	22	Cocanada	...	
	23	Ellore	...	
	24	Rajahmundry	...	
Coimbatore	25	Coimbatore	...	
	26	Erode	...	
	27	Karur	...	
Chingleput	28	Conjeveram	...	
	29	Chingleput	...	
Nilgiris	30	Coonoor	...	
	31	Ootacamund	...	
Cuddapah	32	Cuddapah	...	
Madura	33	Dindigul	...	
	34	Madura	...	
	35	Piriakulam	...	
	36	Palni	...	
North Arcot	37	Gudiyattam	...	
	38	Tirupati	...	
	39	Vellore	...	
	40	Walajapet	...	
Madras—contd.				
Tonjore	41	Kumbaconam	...	None.
	42	Mannargudi	...	
	43	Mayaveram	...	
	44	Negapatam	...	
	45	Tanjore	...	
Kurnool	46	Kurnool	...	
Madras	47	Madras	...	
South Canara	48	Mangalore	...	
Nellore	49	Nellore	...	
	50	Ongole	...	
Tinnevelly	51	Palamkottah	...	
	52	Tinnevelly	...	
	53	Srivilliputtur	...	
	54	Tuticorin	...	
Salem	55	Salem	...	
	56	Tiruppattur	...	
	57	Vaniambadi	...	
Trichinopoly	58	Srirangam	...	
	59	Trichinopoly	...	
Coorg.				
Coorg	1	Mercara	...	None.
	2	Virazendrapet	...	
	3	Somvarpet	...	
	4	Fraserpet	...	
	5	Kodlipet	...	
Bombay.				
Bombay	1	Bombay City	...	None.
Karachi	2	Karachi	...	
Shikarpur	3	Larkhana*	...	
Lower Burma.				
Akyab	1	Akyab	...	None.
Hanthawady	2	Rangoon	...	
Bassein	3	Bassien	...	
	4	Ngathainggyaung	...	
Mayaungmya	5	Myaungmya	...	
Henzada	6	Henzada	...	
	7	Myanaung	...	
	8	Zalun	...	
	9	Kyangin	...	
Thayetmyo	10	Thayetmyo	...	
Toungoo	11	Toungoo	...	
Tavoy	12	Tavoy	...	
Shwegyin	13	Shwegyin	...	
Prome	14	Prome	...	
	15	Paungde	...	
Sandoway	16	Sandoway	...	
Thongwa	17	Maubin	...	
	18	Yandoon	...	
Mergui	19	Mergui	...	
Amherst	20	Moulmein	...	
	21	Thaton	...	
Pegu	22	Pegu	...	
Kyaukpyu	23	Ramree	...	
	24	Kyaukpyu	...	
Tharrawaddy	25	Thonze	...	
	26	Gyobingauk	...	
	27	Letpadan	...	
Thaton	28	Kyaikto	...	
Upper Burma.				
Mandalay	1	Mandalay	...	None.
Myingyan	2	Myingyan	...	
	3	Pagan	...	
Minbu	4	Salin	...	
	5	Minbu	...	
Yamethin	6	Pyinmana	...	
	7	Yamethin	...	
Pokokku	8	Pakokku	...	
Magwe	9	Toungdwingyi	...	
Lower Chindwin	10	Monywa	...	
Yeu	1	Yeu	...	
Sagain	12	Sagain	...	
Shwebo	13	Shwebo	...	
Bhamo	14	Bhamo	...	
Kyaukse	15	Kyaukse	...	

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* In places marked with an asterisk the Vaccination Act was introduced in 1899.

Appendix B to Section VII—*concluded.*

List of Cantonments where the Compulsory Vaccination Act is in force.

Command.		Cantonment.
Bengal	1	Dum-Dum.
	2	Barrackpore.
	3	Cuttack.
	4	Dinapore.
	5	Dibrugash.
	6	Shillong.
	7	Allahabad.
	8	Benares.
	9	Agra.
	10	Cawnpore.
	11	Meerut.
	12	Delhi.
	13	Dehra Dun.
	14	Ghakrata.
	15	Roorkee.
	16	Fyzabad.
	17	Landour.
	18	Jhansi.
	19	Muradabad.
	20	Bareilly.
	21	Sitapur.
	22	Muttra.
	23	Fatehgarh.
	24	Shahjahanpur.
	25	Nani Tal.
	26	Lucknow.
	27	Almora.
	28	Ranikhet.
	29	Lansdowne.
	30	Gorakhpur.
	31	Jubbulpore.
	32	Saugor.
	33	Pachmarhi.
Punjab	1	Umballa.
	2	Rawalpindi.
	3	Kasauli.
	4	Subathu.
Punjab	5	Dagshai.
	6	Murree.
	7	Dharmsalla.
	8	Jullundur.
	9	Dalhousie.
	10	Mian Mir.
	11	Ferozepore.
	12	Sialkot.*
Madras	1	Madras.
	2	Vellore.
	3	Vizianagram.
	4	Cannanore.
	5	Trichnopoly.
	6	Bangalore.
	7	Bellary.
	8	Coonoor.
	9	Belgaum.
	10	Secunderabad.
	11	St. Thomas' Mount.
	12	Poonamallee.
	13	Pallaveram.
	14	Calicut.
	15	Quilon.
	16	Trichur.
	17	Rangoon.
	18	Thoyetmyo.
	19	Moulmein.
	20	Bhamo.
	21	Myingyan.
	22	Shwebo.
	23	Meiktila.
	24	Mandalay.
	25	Maymyo.
Bombay		None.

* In places marked with an asterisk the Vaccination Act was introduced in 1899.

SECTION VIII.

SANITARY WORKS—MILITARY.

Expenditure on Military Works during 1899-1900.

175. The total expenditure incurred on Military Works in India during 1899-1900 was Rs. 99,26,242 against Rs. 85,83,112 in the previous year.

Details of Sanitary Works executed in cantonments are given in Tables V and XXX of the Statistical series appended to this report, in which the sanitary defects of the most unhealthy stations are also shown.

Details of Military Works in 1898 99.

176. The following is a summary of the works carried out for the health and comfort of the European and Native troops in India during the year 1898-99 :—

I.—ACCOMMODATION FOR BRITISH TROOPS.

Dinapur.—In the scheme for constructing new barracks for a head-quarter wing of British Infantry the following were completed :—

i.—No. 3 half-company barrack.
ii.—Two blocks, family quarters, with subsidiary buildings.
iii.—Sergeant-Major's quarters, with subsidiary buildings.
iv.—Band-master's quarters, with subsidiary buildings.
v.—Fire-engine shed.

The following were in progress at the end of the year :—

i.—No. 6 half-company barrack and subsidiaries.
ii.—School and subsidiaries.
iii.—Quarter-guard and cells and subsidiaries.

Lebong.—Providing the requirements of a detached wing of British Infantry.

Of the above scheme, the following works were completed :—

i.—Block of quarters for two class B sergeants.
ii.—Regimental workshops.
iii.—Three urinals.
iv.—Hospital for 20 men.
v.—Infectious disease ward.
vi.—Block of hospital servants' quarters.
vii.—Medical officer's office.
viii.—Hospital laundry.
ix.—Horbury's patent latrine—for hospital servants.
x.—Two urinals for hospital.
xi.—Officers' mess, with sergeants' quarters attached.
xii.—Military Works subordinates' quarters with out-houses.

The following were in progress :—

i.—Chapel school and prayer room.
ii.—Latrine for two blocks, married quarters.
iii.—Urinal for workshops.
iv.—Commandant's quarters.
v.—Cook-house for Commandant's quarters.
vi.—Servants' quarters and stables for Commandant's quarters.
vii.—Water-supply.
viii.—Cart-road paths and drains.
ix.—Clearing away *debris*, etc.

Benares.—The cook-houses commenced last year were completed, and the liquor-bar commenced, under the scheme for new barracks for a detached wing of British Infantry.

Jubbulpore.—A new gun-shed was built during the year, new flooring and roof were given in No. 66 family barrack, British Infantry Lines, and the same in No. 110 Orderly Room, and new doors and flooring in No. 7 barrack, British Infantry Lines.

Lucknow.—The works on the estimate for re-roofing and re-modelling certain buildings in the Military Prison were completed and a new roof was given to No. 3 Staff-Sergeants' quarters used as a school.

Fyzabad.—Renewing the verandah roofs of No. 18 building, Royal Artillery Lines, was completed.

Jallapahar.—The following buildings, which were damaged by the earthquake of 1897, were restored during the year :—

i.—No. 36 barrack, convalescent depôt.
ii.—No. 26 armourer's shop.
iii.—No. 48 regimental store, convalescent depôt.
iv.—No. 35 Quarter Master's stores, convalescent depôt.

Rawalpindi.—The following works were completed in connexion with the hut accommodation at West Ridge :—

i.—Additional cook-house for single men.
ii.—Three lavatories for quarter-guard, Royal Artillery, and Right and Left British Infantry Lines.
iii.—Latrine accommodation for quarter-guard.
iv.—Forty-seven permanent urinals.

In Rawalpindi itself, No. 7 single men's and 12 family barracks, British Infantry Lines, and No. 3 family barrack, Royal Artillery Lines, were re-roofed ; and at West Ridge mat screens and seats were renewed in the British Infantry and Royal Artillery Lines.

Cherat.—All cook-houses and lavatories required under the estimate for completing the hut accommodation were finished.

Kuldana.—A band barrack was constructed.

Gharial.—Lavatories for Nos. 26 and 27 single men's barracks were constructed.

Ferozepore.—All the buildings provided for in the scheme for re-roofing certain barrack buildings have been re-roofed.

Jullundur.—The re-roofing of No. 17 barrack and sergeants' mess were in progress at the end of the year.

Dagshai.—Buildings Nos. 15 and 25 and quarter-guard, British Infantry Lines, were re-roofed, and the re-roofing of Nos. 54 and 57 nearly completed. The work on the estimates for improving the ventilation of barracks Nos. 1 and 2 was completed; that for Nos. 11 and 12 barracks nearly so, and work was in progress on barracks Nos. 13 and 14. Improving the sanitary condition of the station by the removal of cook-houses from the proximity of latrines, and by raising and ventilating floors of certain buildings was in hand, as well as other small works connected with the same scheme.

Poonamallee.—The new barracks for 200 men have been completed.

Bangalore.—The work on the additional accommodation for British Cavalry was finished during the year, as was also the estimate for providing extra accommodation for British Infantry.

Fort St. George.—No. 1 barrack, British Infantry Lines, was re-roofed.

Belgaum.—No. 9 barrack, British Infantry Lines, was re-roofed.

Bellary.—The verandah of No. 23 school, British Infantry Lines, was re-roofed.

Secunderabad.—Nos. 2 and 3 (family) barracks, 2nd British Infantry Lines, were re-roofed, and the boarded floor in the British Infantry Gymnasium was extended.

Aden.—A block of 18 married quarters, a school and an office for the Deputy Assistant Adjutant-General were nearly completed at the end of the year, under the estimate for completing Royal Artillery accommodation. The garrison swimming bath in Sappers Bay was well in hand.

Poona.—Certain additions to the gymnasium were carried out, and the roof of No. 17 barrack and floor of No. 19 (family) barrack, British Infantry Lines, at Wanowri were carried out.

Colaba.—The re-roofing of verandahs in double-storied barracks, British Infantry Lines, was completed.

Chakrata.—The following buildings were completed against the scheme for hut accommodation at Kailana:—

i.—Theatre, refreshment, billiard and game rooms, and liquor-bar with cook-house and institute urinal.
ii.—Road from the mall to the barracks.
iii.—Improving the ventilation of single men's huts.
iv.—Providing a planked floor to No. 18 hut and the works on certain short roads at Ramdass' Mundi, building the library and temperance rooms, cook-houses for the hut barracks, and enlarging the parade ground were in progress and nearing completion.

At Gobrana Nos. 4 and 12 barracks, British Infantry Lines, were re-roofed.

Jhansi.—Barracks Nos. 4 and 31 and single sergeants' quarters No. 35 were re-modelled, also No. 1 old hospital converted into a single men's barrack, under the estimate for the restoration of barracks in the British Infantry Lines.

Muttra.—The following works under the estimate for the restoration of the British Cavalry barracks were completed:—

i.—Constructing band barrack and its lavatory and cook-house.
ii.—Constructing the subsidiary buildings to No. 5 new barrack.
iii.—Constructing a cook-house to replace No. 23 cook-house.
iv.—An institute building and its cook-house.
v.—An armourer's shop.
vi.—A latrine (8 seats).

And the following were in progress:—

i.—Demolition of certain old buildings.
ii.—Constructing quarter-guard and cells with subsidiary buildings.
iii.—An assistant surgeon's quarters with subsidiary buildings.

Meerut.—The re-modelling of No. 14 British Cavalry quarter-guard and of the latrines in the lines of British troops was completed. The re-roofing of No. 9 British Cavalry barrack, No. 5 British Cavalry family barrack and of No. 5 Royal Artillery family barrack were in progress.

Ranikhet.—A number of subsidiary buildings were completed under the estimate for hut accommodation at the standing camp, and the work of improving the British Infantry huts, Chowbuttia, was in progress.

Quetta.—The work under the estimate for restoration and improvements to barrack buildings was continued.

Roorkee.—The re-roofing of No. 20 barrack, Royal Artillery Lines, was finished, and of No. 19 barrack in progress at the end of the year.

Shahjehanpur.—No. 10 temporary family barrack was re-built.

Pachmarhi.—No. 8 quarter-guard was re-modelled.

II.—ACCOMMODATION FOR NATIVE TROOPS.

Dharmsala.—The accommodation for the 1-1st Gurkhas has been completed at Bhagsu.

Buxa.—Nos. 1, 2 and 4 barracks, magazine enclosure wall, main hospital building, servants' quarters and cook-house, which were damaged by the earthquake of 1897, were restored, and the restoration of barracks Nos. 5 and 6 was put in hand.

Fort William.—Quarters for Native officers of Bengal Infantry were constructed.

Bangalore.—The guard-room, armouries, armourer's shop and cells were completed in the Madras Infantry Lines, Arab Plain, and the improvement to the drainage was taken in hand.

Belgaum.—The armouries in the Native Infantry Lines were completed.

Nussecrabad.—The provision of latrines for Native followers of all corps was proceeded with.

Lansdowne.—The provision of public buildings for the 9th Gurkhas was practically completed, a new parade ground being made during the year.

St. Thomas' Mount.—The work on the old European barracks to convert them for use by a regiment of Madras Infantry was completed.

III.—HOSPITALS.

i. British Troops.

Gharial.—A hospital for 20 patients with administrative offices, mortuary latrine and urinal were constructed, and quarters for servants were in hand, under the scheme for providing hut accommodation.

Jullundur.—Station hospital buildings Nos. 34, 35, and the dispensary and store No. 36 were re-roofed.

Umballa.—Medical subordinates' quarters No. 56 was re-roofed.

Jubbulpore.—Double Allahabad tiling has been given in place of the old thatched roof in No. 46 hospital, and a new floor laid down.

Fort St. George.—The detention ward has been completed, except some small work connected with the drainage.

Wellington.—A ward for 12 beds, bedding store and purveyor's quarters were finished under the estimate for extending the station hospital, and a cart shed was in progress.

Secunderabad.—Under the scheme for extending the station hospital, the work of providing accommodation for 60 beds, assistant surgeons' and hospital servants' quarters, and various small works at No. 1 section hospital were completed, while provision of accommodation for 40 beds was in progress.

Aden.—Quarters for two assistant surgeons with the subsidiary buildings were completed under the new hospital scheme.

Colaba.—A large amount of work was done under the new hospital scheme which was over half completed at the end of the year.

Chakrata.—Under the scheme for hut accommodation at Kailana, two hospital blocks were commenced and in progress at the end of the year.

Ranikhet.—A double-storied hospital building with subsidiary and auxiliary buildings were completed for the station hospital, Chowbuttia, as was also a lavatory for the women's hospital, and at the end of the year the station hospital compound was being fenced.

Meerut.—The quarters for the senior assistant surgeon, station hospital, were completed.

Lebong.—Under the head, Accommodation for British troops, the hospital buildings completed under the estimate for providing the requirements of a detached wing of British Infantry are enumerated.

Poonamallee.—The work of re-roofing and otherwise improving the purveyor's godown at the station hospital was completed.

ii.—Native Troops.

Almora.—The work of increasing the hospital accommodation for the 1st Battalion, 3rd Gurkhas, was in progress.

Buxa.—As stated under the head, Accommodation for Native troops, certain hospital buildings injured by the earth-quake of 1897 were restored.

IV.—OFFICERS' QUARTERS.

Lebong.—As stated under the head, Accommodation for British troops, the officers' mess was completed and the Commandant's quarters with its out-houses were in progress at the end of the year.

Rawalpindi.—Two majors' quarters, Royal Artillery Lines, two captains' quarters, Right British Infantry Lines, and one major's quarters, Left British Infantry Lines, were constructed during the year at West Ridge.

Cherat.—Five bungalows were purchased for use as officers' quarters, and No. 4 private bungalow was converted into a field officer's quarters. Also four other purchased bungalows were put into repair for temporary occupation by officers.

Gharial.—Quarters for two subalterns with out-offices were built.

Kuldana.—A block for two captains with out-offices and quarters for a captain and a major, Royal Army Medical Corps, were completed.

Changlagali.—Servants' houses were constructed for Nos. 82 and 3 officers' quarters, and a cook-house and stables built for No. 17 commanding officer's quarters.

Kalabagh.—No. 16 subalterns' quarters was completed.

Buxa.—Quarters for a married officer with out-houses was completed, and mess house, subalterns' quarters and out-houses were commenced.

Bombay.—At the close of the year, the mess with quarters for four subalterns and the orderly-room were under construction against the estimate for officers' quarters in the Marine Lines.

Chowbuttia.—Under the hutting scheme the commanding officer's quarters with the subsidiary buildings were in hand.

Quetta.—The re-modelling of the Right British Infantry Officers' Mess and additions and alterations to the Royal Artillery Mess were nearing completion at the close of the year.

V.—WATER SUPPLIES AND DRAINAGE.

Rawalpindi.—An additional reservoir at Topi was put in hand, and in the cantonment, work on providing additional taps in hospitals and officers' quarters was commenced.

A number of pucca drains under the scheme for drainage of cantonments were constructed.

Peshawar.—The work on the Pasteur-Chamberland filter installation for the supply of drinking-water to barracks was commenced and pushed on as rapidly as possible. Extensions of piped water-supply for mobilisation sheds and railway stations were made or nearly completed during the year.

Jumrood.—The water-supply at Kucha-ghari was nearly completed.

Sialkot.—Experimental wells were sunk and tested, and surveys made to determine the best site for head-works for the cantonment water-supply.

Murree.—In connexion with the scheme for the water-supply to the depôt and adjacent hutted camps, water was laid on to the cook-houses at Cliffden and at Doongagali ; St. Hilda cottage was reconstructed in a position to prevent pollution. Chowkidars' huts were constructed along the water line, four new tanks at No. 89 hospital, Murree, were connected to the supply, and the extension to the hospital at Gharial was finished.

The springs at Double Nullah bridge and at Satwara were connected to augment the supply.

At Kuldana and Gharial the connexions to barracks and cook-houses were in hand.

A metre was fixed at Doongagali.

Dagshai.—The new piped water-supply was completed, except the bazaar reservoir and distribution which will shortly be finished, and certain improvements to the existing supply at the bazaar and other springs completed.

A riding path connecting the head springs with those at Sabathu was put in hand.

Sabathu.—The only items remaining at the end of the year to complete the new piped water-supply were the service reservoir, fixing the standposts and a few minor items.

Dharmsala.—Various improvements were made in the cantonment supply.

Dalhousie.—The supply was extended to Ranikhet barracks during the year.

Lahore.—Some work on an estimate for the piped supply in the fort was done, and the necessary pipes, etc., were ordered from England.

Allahabad.—The extension of the municipal supply to the Native Cavalry lines was completed.

Dinapur.—The work on an installation of the Pasteur-Chamberland filters for the supply of barracks was commenced during the year.

Fort William.—A reservoir for the storage of drinking-water was commenced.

Barrackpore.—The work on an estimate for improving the drainage in the Royal Artillery Lines was completed.

Belgaum.—Certain improvements to the Royal Artillery water-supply were put in hand, and nearly completed at the close of the year.

Chakrata.—The fencing round the head springs was completed, and an extension of the supply made to Kailana.

Lebong.—A certain amount of work was done on the water-supply for the new barracks which are being constructed to house a head-quarter wing of British Infantry.

Meerut.—The iron work of the raised reservoir arrived from England and was being erected. The new supply should be completed during the coming year.

Bareilly.—Materials were being collected and the well curbs prepared against the estimate for the water-supply to the cantonments.

Quetta.—Materials were collected for laying on water to the barracks and officers' quarters in cantonments.

New Chaman.—Work at the head-works was put in hand and some of the piping required under the scheme for increasing the water-supply was indented for.

Bangalore.—The scheme has been entirely completed.

VI.—OTHER CANTONMENT WORKS.

In addition to metalling certain roads, the following works are the chief ones undertaken during the year under this head :—

Rawalpindi.—The work of providing additional appliances for extinguishing fire in Government buildings was completed.

Murree.—Improvements and extension of the parade and recreation grounds were completed, as was also the military encamping-ground at Sunny Bank.

Jallapahar.—The retaining walls on the land slips below the orderly-room and the hospital convalescent depôt were commenced.

Pachmarhi.—The trench system of conservancy was converted into the trolly system during the year.

At *Cawnpore*, *Agra* and *Lucknow* certain buildings in connexion with the dairy farms at those places were in hand.

SECTION IX.

CIVIL SANITARY WORKS.

Bengal.

177. There was no alteration in the number of municipal towns in Bengal during the year 1898-99; there are 151 excluding Calcutta, and their income during the year, including the opening balance of Rs. 4,00,961, amounted to Rs. 42,47,310, or Rs. 17,676 less than that of the previous year.

Of the total income, 44·75 per cent. was spent on sanitary works (original and recurring), 9·97 per cent. on roads, 4·48 per cent. on measures for the preservation of public safety and 29·32 per cent. on all other requirements; these figures closely approximate to those of the previous year.

The expenditure on water-supply was Rs. 2,01,387 against Rs. 2,62,636 in 1897-98, a decrease of Rs. 61,249 explained by a reduction in the capital and maintenance outlays on account of the Howrah and Bhagalpur works.

Under conservancy there was a slight increase of expenditure amounting to Rs. 2,728, the total sum thus allotted being Rs. 10,61,513 during the year under review. Drainage works involved an expenditure of Rs. 1,16,768 against Rs. 1,13,456 in the previous year, but the cost of markets and slaughter houses showed a falling-off from Rs. 43,819 to Rs. 30,980 due to the decreased outlay by the Narayanganj and Darjeeling municipalities under this head.

The average proportion of municipal income applied to original sanitary works following the tendency of the last few years, was only 2·67 per cent.; in the previous year it was 3·57 per cent., in 1896-97 it was 3·70, and in 1895-96, 5·03 per cent. Only 10 municipalities devoted over 10 per cent. of their income to this purpose, against 15 in the previous year, while 53, against 41 in 1897-98, spent nothing on this account. The tendency in recent years has been steadily backward and the Sanitary Commissioner expresses regret that such important *Sadr* towns as Faridpur, Comilla, Chittagong, Chapra, Motihari, Muzaffarpur, Monghyr, Cuttack and Hazaribagh failed to carry out any original work whatever, and certainly a glance at Annual Form No. XI of the Provincial Sanitary Report is convincing in respect of the necessity of a more vigorous policy.

On the other hand the average expenditure under annually-recurring works, which was 41·73 in 1897-98, rose to 42·08 per cent., the proportions ranging from 65·98 per cent. in Berhampore to 8·93 per cent. in Chandpur.

The expenditure of public funds on rural sanitation amounted to Rs. 2,44,469, against Rs. 3,23,467 in the previous year and Rs. 4,00,272 in 1896-97. Private individuals provided Rs. 3,04,917, which is a sum less by Rs. 1,80,888 than that of the previous year. That the total expenditure allotted to sanitary works in rural areas fell off by some 2½ lakhs in the year under review, if not satisfactory, was to be expected, owing to the diminished stimulus to the benevolent and wealthy which a generally prosperous year provides.

Sanitary Board.

178. The official constitution of the Sanitary Board remained unchanged, though there were a few alterations in the *personnel* owing to official transfers and leave vacancies. Three meetings were held during the year, but consultative work was also carried

on as heretofore by the circulation of papers to the members. The principal matters taken into consideration at the meetings were :—

(1) Model bye-laws for privies and urinals.

(2) The functions and powers of the Sanitary Board.

The more important preliminary estimates prepared under the orders of the Board were :—

(1) The scheme for the improvement of the Darjeeling water-supply. The Sanitary Engineer after an enquiry into the present system formulated a scheme estimated to cost Rs. 1,84,000, which has been adopted by the municipality.

(2) Patna water-works. The experiment, alluded to in last year's report, for obtaining a supply from a well sunk in the old bed of the river Sone having been successfully concluded, preliminary estimates for a series of wells to be sunk near the experimental well were drawn up and nearly completed at the close of the year.

Detailed estimates in connexion with the following works were prepared, *viz.* :— Two alternative schemes for filter beds for the purification of the water-supply of Patuakhali ; one was approved and sanctioned by Government.

The plans and estimates which were noted in last year's report for the flushing of drains in Ward No. 5 of the Patna Municipality and for the Berhampore water-works having been approved, the works were completed during the past year and are reported to be most successful.

Estimates and plans for the following projects were considered :—

(1) Improvement of the drainage of Manicktolla. This scheme, which had to be returned for resubmission, was partially approved, certain modifications being proposed.

(2) Drainage of the Siwan Municipality ; this project having been revised according to the suggestions of the Sanitary Engineer was approved by the Board and recommended to Government for sanction.

(3) Remodelling of the intake of the Dacca water-works. Owing to the silting up of the channels from which the water is taken, it was proposed to ascertain whether a sufficient supply could be obtained from wells sunk in the *chur*. The Executive Engineer was authorised to conduct the necessary boring experiments.

(4) Dinajpur drainage scheme.

(5) Drainage project for Chattra and the western portion of Serampore. Instructions were issued to the local authorities to revise the scheme.

(6) The intake of the Bhagalpur water-works. Owing to the choking of the intake with sand, a proposal has been made by the Board that the most satisfactory solution of the difficulty lies in the sinking of a system of wells, and the Chairman of the Municipality has been so advised.

(7) Drainage scheme for the Challan bheel in Rajshahi.

During the year drainage surveys of Khulna and a part of Serampore were completed and that of the Rishra bustee in Serampore was in progress. Miscellaneous references were made to the Board by Government and by local authorities, notably in connexion with the drainage projects of the Natore and Bihar Municipalities.

The sewage disposal experiments referred to in last year's report were carried on, but no definite report of the results has been presented owing to the

Sanitary Engineer's desire to submit the system for a whole year " to the several tests in the matter of the concentration of the sewage dealt with." It is understood, however, that the experiments have so far been successful.

The Sanitary Engineer made numerous inspections of towns in connexion with various sanitary works and schemes, and the Board tenders its acknowledgments of his " active and efficient service."

Assam.

179. The total income of municipalities and all local bodies during the year was Rs. 2,75,921 as compared with Rs. 2,59,894 in the previous year; and of the total Rs. 1,33,130 or 42·74 per cent. was spent on sanitary works proper, as compared with 45·52 per cent. in 1898.

Shillong station comes first with an expenditure of 79·37 per cent. of income, followed by percentages in Gauhati of 77·98, and in Dibrugarh of 72·23, down to the Barpeta municipality with 38·23. No work of capital importance was undertaken but the money is said to have been well spent on the various objects of vaccination, drainage, market places, improvements to water-supply and general conservancy. The Gauhati municipality spent a considerable sum in the repair of existing drains, and Rs. 14,627 went to the improvement of the water-works and the purchase of a new pontoon and pulsometer. In Shillong station the old latrines have been cleared away and replaced by new pattern iron structures, and while something has been done to repair the damage done to the water-works by the earthquake of 1897, it would appear that funds are needed to complete the works. The water-supply of Sylhet has been improved and largely increased by the sinking of a new well.

In rural areas the chief sanitary measures undertaken have had reference to the water-supplies, the excavating and cleaning of tanks and the sinking and repairing of wells.

The use of the village sanitary inspection books has not improved during the year; some districts have neglected the orders on the subject altogether, and in the majority where the letter of the rules is carried out to a greater or lesser extent, the practical benefit has so far been insignificant or altogether wanting.

Sanitary Board.

180. This body held no formal meetings during the year, but the opinions of the members was obtained on all sanitary matters of importance by the circulation of papers. The Government of India having invited attention to this matter in their review of the report for 1898, meetings of the Board " have since taken place and will be continued in future."

North-Western Provinces and Oudh.

181. The number of municipal towns remained the same, 104, as in the previous year. Excluding opening balances, the total municipal income was Rs. 47,75,319, compared with Rs. 44,83,166 in the previous year, and the total expenditure on sanitary works amounted to Rs. 16,58,835 or 35 per cent. of the former sum. The expenditure on water-supply was Rs. 5,42,934, a slight increase on that of 1897-98; on drainage it was Rs. 1,16,308, against 1,81,087 in the previous year, and on conservancy it was Rs. 9,71,262, against Rs. 9,90,127; the sum allotted to markets and slaughter houses was Rs. 28,331, practically the same as the previous year.

The more important sanitary works undertaken during the year included no new departure, but took the form of the development of schemes already commenced, these were notably, considerable extensions of the new sewerage works at Benares and extensions of the Naini Tal and Cawnpore water-works. Although only nine of the municipal towns have been furnished with a pipe water-supply, it is pointed out that nearly one-third of the entire municipal population of the province now enjoys this advantage. There is abundant evidence that every care was devoted to all the details of management, and to the improvement, where necessary, of the various works.

At Agra, the average daily consumption per head fell slightly, from 8·96 gallons to 8·61; in the cantonment also a decrease of consumption was registered, *viz.*, from a daily average of 164,013 gallons in 1897-98 to 156,679 gallons in the year under report. The cost per thousand gallons of filtered water which was 1·59 annas in the previous year, rose to 1·65 annas, but a large expenditure was incurred in special repairs to engines and pumps.

At Allahabad, owing to the early cessation of the rains, the average daily consumption of filtered water rose from 1,410,229 to 1,490,803 gallons, equal to 8·5 gallons per head of the population, and this was distributed at a cost of 1·61 annas per 1,000 gallons, a trifling increase over that of the previous year. Observations having shown that a loss of 90,000 gallons a day was taking place from one of the filter beds, closer investigation proved that the floor was badly cracked and this was successfully repaired.

At Benares the consumption of filtered water has shown an extraordinary increase as the following figures demonstrate :—

	Gallons.
1897-98	695,404,100
1898-99	852,670,719
1899-1900	960,202,743

Thus, within three years, the consumption has risen nearly 40 per cent., although the house connexions have only increased 12 per cent. The quantity per head represented by the figure for the past year is 12·2 gallons, largely in excess of that of any other municipality in the province; there is evidence of large wastage due to defective pipes, taps and fittings, and to misuse of the water for house-drain flushing. The cost per 1,000 gallons was only 1·01 annas.

In Cawnpore the daily average consumption of filtered water was 9·17 gallons as compared with 8·74 in the previous year, the cost per thousand gallons being 2·05 annas. A steady increase in revenue from the sale of water is noteworthy, but the city is exceptionally situated in this respect.

At Lucknow the average daily consumption in the city and cantonment was 1,071,498 gallons, equal to 5·4 gallons per head of the population within reach of the supply; the cost per thousand gallons was 2·06 annas. In addition to this filtered water, 64½ million gallons of unfiltered water were supplied to the Parks during the year.

In Meerut there has been a gradual decrease in the consumption during the last three years, *viz.*, from a daily average of 461,899 gallons in 1897-98, and 406,235 in 1898-99 to 336,908 in the past year; this decrease is the subject of enquiry.

At Naini Tal the daily supply of water was over 11 gallons per head of population. I have already noted that the remodelling and extension of the system was completed during the year, and pure drinking water is now delivered within a short distance of every house in the settlement besides being extended to the cantonment. The total expenditure on the works to the end of the year amounted to Rs. 2,19,219 against a sanctioned estimate of Rs. 2,55,000; and there will ultimately be a saving of over Rs. 25,000.

During the year samples of the various filtered supplies were regularly analysed, chemically and bacteriologically, "and were almost invariably found free from suspicion." In September it is said that "enteric microbes were detected in the Agra Cantonment water, but the mischief was checked before any evil effects resulted."

The new sewerage works at Benares made fair progress and an expenditure of Rs. 72,740 was incurred thereon during the year.

The question of the disposal of the Cawnpore sewage was fully considered. Various proposals have been put forward including schemes by English Sanitary Engineers and the whole subject has lately been carefully considered by the local sanitary and engineering authorities whose joint note is now under discussion by the Municipal Board.

Surveys and estimates in connexion with the following towns were carried out and prepared: Aligarh, Hathras, Saharanpur, Pilibhit and Sitapur.

Sanitary Board.

182. The Sanitary Board held four meetings during the recess. Three at Naini Tal and one at Agra, and the following were among the more important matters that engaged their attention:—

(1) The report by the Sanitary Engineer on the quality of the municipal water-supplies. It was noted that the "quality of the water was quite satisfactory," except in the case of Agra where it was deemed necessary to take further precautions to prevent contamination of the river near and above the intake and to provide additional filter area. Designs and estimates to this end were prepared and approved.

(2) Certain objections raised by the military authorities to the condition of the river banks above the intake of the Benares water-supply were considered, and the fact that the very numerous chemical and bacteriological tests carried out during the last two years showed an exceptional standard of purity, was held to be strong evidence that danger was more hypothetical than real. It was, however, recognized that additional safeguards should be employed to purify sullage water discharging into the river.

(3) The water-supply of Jhansi. It was decided that alternative schemes for obtaining a supply from wells and from the Pahuj river should be fully considered.

(4) Various questions raised by the Sanitary Commissioner regarding details in connexion with the Benares sewage works were referred to the Board for consideration, and recommendations made thereon.

(5) A note by the Sanitary Engineer on the question of a drainage scheme for the town of Deoband was discussed, and the Board recommended that the Irrigation Department should prepare a complete scheme for the drainage of the area surrounding the town, as a preliminary measure, as otherwise no efficient outfall for the town drainage is practicable.

Punjab.

183. The total income of the 31 municipal towns including the opening balance, was Rs. 57,79,059, as compared with Rs. 55,32,081 in 1898: there was a corresponding increase of expenditure on sanitation which amounted in the aggregate to Rs.

14,01,694 against Rs. 11,25,100 in the previous year. The increase is fairly distributed over all the more important heads of sanitary work; drainage and sewerage, however, coming first with nearly one lakh in advance of the outlay in 1898, while the cost under conservancy establishment shows an excess of about half a lakh, and water-supply one quarter of a lakh. The sum realized from the sale of manure in all municipal towns amounted to Rs. 1,42,809 as compared with Rs. 1,48,501 in 1898 and Rs. 1,49,120 in 1897; the question of this decrease is the subject of enquiry.

The principal sanitary works completed, in progress, or under consideration during the year, were the following:—

The excavation of the settling tanks and filter-beds of the Delhi water-works was completed and the masonry work commenced. The huge Seog reservoir (near Simla) and the whole of the work on the weirs, screening tanks, filter-beds and pipe laying of the gravitation supply to the pumping station at Cherát in connexion with the Simla water-works extension, was completed. Beyond this, additions and alterations to some of the filter-beds were carried out, along with some minor works in connexion with the distribution system. Survey work for the new project for the extension of the sewage system is in active progress. Various schemes for the drainage of certain cities and towns are in different stages of initiation or progress, but the only work of this kind actually completed was in Ladwa; the important Chandni Chauk section of the Delhi drainage works was held in abeyance for want of funds, and the Umballa city drainage scheme awaits sanction. Various sanitary works of public utility were constructed by private individuals at their own expense during 1898-99—wells, tanks, rest-houses. The aggregate amount expended in this way by private charity being Rs. 77,425.

There is evidence that the important question of rural sanitation is engaging the earnest attention of the authorities. The village sanitary note-books are having a fair trial in most of the districts, and the endeavour to stimulate the interest of the people themselves in the cause of sanitation by the offer of monetary rewards to the village in each tahsil which shows most improvement in its sanitary condition, is still in the experimental stage.

Sanitary Board.

184. There were seven meetings of the Sanitary Board during the year. The question of extending the scope of the Board's powers and functions is still under consideration, and certainly in the record of the proceedings for the year there is evidence that its energies and abilities are not suitably employed, and in this respect the contrast with the work and usefulness of the Boards in the North-Western Provinces and Bengal is marked.

Central Provinces.

185. The income of the 18 *Sadar* towns which was Rs. 14,32,004 in 1897-98 fell to Rs. 10,08,944 in 1898-99, a remarkable decrease which is not explained, but the total expenditure on sanitation rose from Rs. 3,13,226 to Rs. 4,07,378. The most notable increase under any one head is in the expenditure on water works; in the former year the sum so allotted was Rs. 79,117, against Rs. 1,96,380 in the latter. The cost of conservancy on the other hand fell off from Rs. 2,09,873 to Rs. 1,84,413.

The "Fraser" water-works at Wardha were completed and opened for use in November 1898, the total cost amounting to Rs. 2,25,401. The Bhandara water-works begun in February 1898, were approaching completion at the end of 1899, and have since been opened.

The Harda scheme is still held in abeyance owing to a difficulty about funds, but a temporary project has been prepared to which a sum of Rs. 20,000 has been allotted by the Municipal Committee.

The drainage of the city of Jubbulpore has been started on a systematic plan, but it is noted that progress must be slow until the loans raised for the water-works have been paid off. A good deal of useful work was carried out in the way of laying down *pucka* drains in the lanes and alleys of the worst part of the town, and linking these up to the street drains. Considerable progress has been made on the outfall drain, and facilities are being offered to owners of adjacent land, to utilize the sewage thereon; the result on the crops already raised is reported as favourable.

The provisions of the Village Sanitation Act have now been extended to 40 villages in all, but the Sanitary Commissioner notes of seven districts, that the Act is either not in force, or was not enforced during the year. The total expenditure on village sanitation amounted to Rs. 61,475, out of a total allotment of Rs. 1,31,890. Of the sum spent, Rs. 28,844 went to the construction of wells, and Rs. 9,989 to repairs of wells; Rs. 11,535 were devoted to the cleaning of village sites and over Rs. 3,000 were expended on roads and drains. Wardha district stands first with a total expenditure of Rs. 15,754, followed by Bilaspur with Rs. 7,992 and Chanda with Rs. 6,008; six districts spent less than Rs. 1,000, and one district, Damoh, spent nothing at all on village sanitation.

The work of preparing sanitary maps, forming sanitary circles and drawing up village lists had been so far completed in 1898 that it was proposed to commence the registration of vital statistics on the basis of the new sanitary units, on January 1st, 1899. But in view of the presence and the danger of the spread of plague, together with the lack of funds, it was decided to postpone the new departure, and another year or two will probably elapse, owing to the recurrence of famine, before it can be introduced with a fair chance of success. The presence of famine has also militated against progress generally, as much routine inspection work by Civil Surgeons had to be suspended in favour of more pressing duties.

Sanitary Board.

186. The Sanitary Board for the same reason held only one meeting during the year. The principal business was the discussion of the proposals and estimates for works of sanitary improvement in villages.

Berar.

187. The estimated income of the 12 municipal towns in Berar in 1899 was Rs. 2,71,727, against Rs. 2,65,520 in 1898; the actual expenditure on sanitation was Rs. 1,31,644 as compared with Rs. 1,34,753 in the former year. The percentage for the province is therefore 48·4 and ranges from 72·6 by Shegaon to 29·2 by Akot. The aggregate expenditure on water-supply was Rs. 36,230, against Rs. 43,457 in 1898; on conservancy Rs. 71,502, against Rs. 63,135; on drainage Rs. 2,359 against Rs. 2,944; and on miscellaneous works, Rs. 21,553 against Rs. 25,217 in the previous year.

Karinja has invested Rs. 20,000 for its drainage scheme which will be put in hand after a proper survey has been carried out by the Public Works Department. Plans are being drawn up for a drainage scheme for the Ellichpur Municipality.

The outlay on water-supply represents the repayment of loans, the Public Works maintenance charges for tanks and pumping charges. The deficient rainfall of the past two years has made the water-supply question a critical one owing to the drying up of tanks, and the Sanitary Commissioner urges the provision by municipal bodies of a two or three years' supply, to be obtained by the enlargement of the tanks by famine labour. Something was, however, done in each district outside municipal limits to increase and improve the scanty supplies by deepening tanks, sinking new wells, and in cleaning and repairing old wells. Out of a total expenditure of Rs. 62,932 on these measures, the Akola and Amraoti District Boards spent over Rs. 41,000.

The total sum expended by District Boards on sanitary works outside municipal towns was Rs. 1,19,303 against Rs. 77,536 in the previous year; included in the former sum there was an increase of Rs. 7,443 under drainage, and of Rs. 33,777 under water-supply.

At most of the towns night soil is trenched, and the ground is cropped "wherever feasible." But in some places night-soil is still buried in pits and subsequently sold to cultivators, and the Sanitary Commissioner hopes soon to be able to report that the latter method of disposal has given place to the former in every municipal town.

A large amount of work devolved upon the medical and sanitary executive in the supervision and sanitary control of famine relief works, and it was only to be expected that under the circumstances the cause of village sanitation should receive less attention than usual.

No information is given by the Sanitary Commissioner about the proceedings of the Sanitary Board, an omission that was noted last year, but to which attention has been drawn in the review of the report for 1899.

Madras.

188. Excluding the Presidency town, the estimated income of the 60 municipal towns in Madras for the year 1899-1900 was Rs. 34,98,110, as compared with Rs. 29,56,220 in the previous year. Although a sum amounting to Rs. 19,43,601 was allotted for sanitary purposes the aggregate actual expenditure during the 9 months ending December 1899 was Rs. 9,13,559, against Rs. 8,44,931 in the corresponding period of the previous year. The relative distribution of these sums in the two years may be seen at a glance in the subjoined statement, which also gives the figures for the city of Madras for comparison.

Heads of expenditure.	SIXTY TOWNS. Population = 1,687,563.		MADRAS CITY. Population = 436,375.	
	1898.	1899.	1898.	1899.
	Rs.	Rs.	Rs.	Rs.
Conservancy	4,98,175	4,89,766	2,96,000	3,38,986
Improvement of village sites ...	1,52,042	1,74,487	52,941	69,263
Improvement of water-supply ...	1,20,315	1,96,227	13,303	42,270
Sanitation of Fairs	7,480	7,556	104	...
Markets and slaughter houses ...	8,249	14,528	28,492	75,321
Other miscellaneous sanitary works.	58,670	30,995	1,48,611	69,839
Total ...	8,44,931	9,13,559	5,39,451	5,95,679
Income ...	29,56,220	34,98,110	13,48,150	14,47,510

The Sanitary Commissioner points out that no public body could foresee whether its ordinary resources or its borrowing powers would not be strained to the utmost by being called upon for extraordinary expenditure on account of plague measures, and hence the policy pursued was to keep a considerable balance in hand; consequently no sanitary work of great importance was initiated during the year. The water-supply system of Tirupati was completed in time for the great annual Hindu festival held there, and the extensions to the water-supply systems in Tanjore and Conjeeveram were also completed. But beyond this, important works are in the stage of consideration or suspension. For example, schemes were under the consideration of the Sanitary Board for the improvement of the water-supply of Tuticorin, for the extension of the Trichinopoly water-works and for water-supplies to Guntur, Periyakulam and Bezwada, and these were laid before Government. Preliminary proposals were also considered for the water-supply of Vizianagram, Cuddalore, Ellore, Negapatam and Saidapet, for the improvement of the water-supplies of Ootacamund and Cuddapah and for the drainage of Kumbakonam, Madura and Cuddapah. The following projects received Government sanction, *viz.*, for the extension and improvement of the water-supplies of Trichinopoly and Tuticorin, for the water-supply of Coonoor and for the drainage of the Tanjore Fort. In the less ambitious but very important sphere of conservancy in municipalities, the evidence adduced goes to show that very considerable progress has been made during the past four years, and the efforts of the Sanitary Commissioner to "substitute quality for quantity" in the matter of the supervising staff, by the employment of certificated Sanitary Inspectors in the place of the uneducated Overseer and Maistry, have been amply justified by the results. The amount realized by the sale of night-soil and rubbish was Rs. 31,936, but the ryot who originally looked askance at inodorous poudrette is gradually losing his prejudices in face of the excellent results of the raw article on his crops, and the price of night-soil shows a steady advance. Trenching, followed by cropping, under municipal auspices was conducted as an object lesson at Bellary, Erode, Anakápalle and Nagore. At Karur, Rajahmundry, Tinnevelly and Negapatam sewage farming was conducted with profit, and at Kumbakonam, Bezwada, Vizagapatam and Vizianagram "biological" purification (intermittent downward filtration) was employed to protect streams to which the sewage would naturally gravitate, from gross pollution. At Guntur and Vizagapatam arrangements are in progress for sewage farming to be started next year.

The estimated income of the District Boards in 1898-99 was Rs. 86,14,840 and the allotment for sanitary purposes was 7·2 per cent. against 8·3 in the previous year; this ratio implies an allotment per head of population of 3·6 pies. During the nine months, period ending December 1899, Rs. 3,86,945 were spent (against Rs. 3,69,832 in the corresponding period of the previous year) and this included the sum of Rs. 2,58,905 on conservancy and Rs. 50,579 on water-supplies. The falling-off noticeable in outlay during the past two years is attributed to the necessity for keeping funds in hand for the possible call for expenditure on plague measures, but also to the questionable "economy" of District Boards in discharging "sweepers" who would not remove night-soil, but whose places should have been taken by scavengers proper. Although the fear of plague has been the beginning of wisdom as regards sanitary effort in some places, in others, it is to be feared that the cause has suffered owing to the "economy" practised to maintain an available fund for the emergency. The

Sanitary Commissioner criticizes the system of the formation of the union for practical sanitary effort, his main objection being that the available funds are dissipated in small useless measures such as lighting in the richer neighbourhoods, whereas District Boards should concentrate their resources on definite works of a permanently useful kind in selected villages where the need is most crying. Another useful feature of his report is the critical discussion of the results on the public health of the schemes of water-supply and drainage already carried out.

Sanitary Board.

189. The constitution of this body remained unchanged, but the rules for the conduct of business were modified to permit a local board or municipal authority to apply to Government for orders when it objects for financial or other reasons to adopt a design or estimate prescribed by the Sanitary Board. The Board scrutinised plans and estimates for one provincial, thirty-four municipal and seventy-nine local fund works of the estimated aggregate cost of Rs. 19,33,126. Six new standard type designs of minor sanitary works were approved for issue, the Board keeping in view the necessity for the less expensive designs suitable to the moderate resources of the minor local bodies.

Coorg.

190. A sum amounting to Rs. 6,480 was expended in this small province during the year 1899, of which Rs. 4,785 were expended in the erection of the D'Souza European ward and nurses' quarters at the Mercara hospital, the balance being chiefly devoted to conservancy and to repairs of existing water-supplies.

Sanitary Board.

191. The Board held three meetings during the year, at which plague regulations were discussed and approved, and various other practical matters connected with the apprehended outbreak and spread of the disease were settled.

In order to enhance the value of the village sanitary inspection books the Civil Surgeon has drawn up a series of simple and practical questions to be answered by the village head-men, which will, it is hoped, serve to direct attention of this official to the chief points of his duty and maintain a useful record of actual work accomplished.

Bombay.

192. The number of municipalities in the Presidency in 1899 was 166, excluding Bombay City; these contain an aggregate population of 2,200,455 souls, the total income for 1898-99 being Rs. 55,26,695 or just 2 lakhs in excess of that of the previous year. Of this sum, Rs. 27,43,860 or nearly 50 per cent. were allotted for sanitary works, and 85·16 per cent. of the allotment (Rs. 23,36,668) was spent. The chief items of expenditure were Rs. 10,04,991 on conservancy; Rs. 4,66,541 on water-supply; Rs. 1,40,967 on town sites improvements; Rs. 62,576 on markets and slaughter-houses; Rs. 36,560 on the sanitation of fairs; and Rs. 6,25,033 on miscellaneous minor sanitary projects, *e.g.*, construction and repair of tanks, etc. These sums are approximately equal to those spent on the various objects in the previous year, except in the case of water-supply on which the expenditure incurred was nearly half a lakh less than in 1897-98.

The Sanitary Board prefaces its report once more with the statement that owing to the heavy expenditure incurred in the campaign against plague, the financial pressure upon municipalities has caused the deferment of many important sanitary projects. During the past year famine has involved a further claim on municipal finances, and in default of Government aid the prospects of sanitary work in the near future are very unpromising.

At Hyderabad municipal "dissensions" have caused delay in the erection of the new engines and in the construction of the engine-house for the river pumping station. The plans and estimates for the final completion of the water-works are still under the consideration of Government.

At Ahmedabad the drainage-scheme prepared by Mr. Baldwin Latham is still under discussion and little progress is anticipated until a special engineer is put in charge of the work, as the local Executive Engineer has his hands full of other pressing matters.

At Kaira and Mehmadabad and Yeola the situation has not advanced from the position indicated in last year's report.

At Ahmednagar the completion of the Kapurwadi tank is now being carried out as a famine relief work; the distribution scheme in connexion therewith will shortly be forwarded to Government, but unless a loan is forthcoming there is no near prospect of practical results.

At Poona the drainage-scheme has been approved by the municipality, by Government and by Mr. Santo Crimp, who was called in to advise. The original project to treat the sewage on the septic tank system has been modified in detail, but not altered in principle. In place of septic tanks and filters, it is now proposed to pass the sewage first through shallow upward-filtration beds (the so-called "macerating tanks" in use at Wimbledon) and then to dispose of the effluent therefrom upon arable land for farming. This excludes the alternative plan of turning the effluent into the river, and as experiments have demonstrated the value of the effluent as food for crops, a large saving on the expenditure is looked for from the return on the farming operations.

A water-supply scheme for the city is also under preparation, and it is hoped the project will be ready for discussion by June 1900, but here again much depends on Government assistance, if the practical results are to be realized at a comparatively early date. The Sanitary Board adds that "regarding the other towns and projects no progress has been made, and each year only enforces the urgency of the representation made last year to Government, to the effect that the Board should be granted executive and not merely consultative powers; and this especially in times like the present when every Executive Engineer is overworked owing to the operations of famine relief."

In addition to the above, the Board advised on several minor projects, *e.g.*, the water-supply to the Central Jail at Hyderabad, on the Ahmedabad Sewage Farm, etc.

The district boards as a whole appear to have recovered from the financial depression of the last two years; their aggregate estimated income rose from Rs. 38,42,186 in 1897-98 to Rs. 57,27,491, but of this sum Rs. 5,79,400 were allotted to sanitary works, or only some 10 per cent. as against 18 per cent. in the previous year. The actual expenditure was, however, only Rs. 3,42,207 against Rs. 4,82,465 in 1897-98, and of this 72·45 per cent. (Rs. 2,47,945) was actually spent on improvements to water-supplies.

The Village Sanitation Act was introduced into five more villages during the year, but abolished in four villages, an increase of one making the number 300 in all, in which the provisions of the measure operate. The village sanitary inspection books are in use in 3,225 villages against 3,199 in the previous year; it is, however, again noted that the presence of cholera and famine have interfered with the full utilization of these records.

Sanitary Board.

193. The number of meetings held is not stated, but the members are apparently in continuous communication with each other, and much useful work was done during the year, to the most important of which allusion has been made above.

Burma.

194. The total income of the towns and districts in Upper and Lower Burma in 1899 was Rs. 84,83,158 or Rs. 17,06,672 more than that of the previous year; the aggregate expenditure under all heads for sanitary purposes was Rs. 22,66,044, or a little less than half a lakh more than in 1898. This amount includes a sum of Rs. 8,36,188 for "other sanitary works," some of which have a very indirect bearing on sanitation. The amount devoted to water-supply was Rs. 3,58,406 against Rs. 3,90,833 in 1898; on drainage Rs. 4,16,539 against Rs. 4,08,816, and on conservancy, Rs. 6,54,911 against Rs. 6,07,613. The percentage of income spent by municipalities on sanitary works was on the average 34, but varied irregularly through a wide range, the only consistent item being conservancy and "other sanitary works." Only 13 of the 40 municipalities spent anything on water-supply, and of these 13, Rangoon and Prome spent only 8 and 7 per cent. respectively, the other 11 being credited with insignificant sums. Again, only about half the number of these towns spent anything on drainage, and neither in this respect nor in that of water-supply was any work of importance undertaken. In 27 towns the expenditure on conservancy was less than 20 per cent; in Kyaukpyu and Mandalay, by an obvious error, nothing is shown under this head, and a perusal of the reports of the health officers affords striking evidence that much remains to be done in the way of simple sanitary reform.

The Rangoon water-supply which has long been a reproach to the responsible local authorities, is now receiving the attention it deserves; the present supply from the lakes has been definitely proved to be liable to gross pollution, and the solution of the problem appears to lie in the direction of the resort to tube wells and the filtration of the water from selected lakes, the drainage area of which will be more scrupulously conserved.

The scheme for the Moulmein water-supply has also exercised the responsible local authorities, and the report of a committee of Engineers appointed to report on Mr. Foy's plans has been received and considered by the municipality, and it has been decided that the work should be carried out as a contribution work by the Public Works Department.

The preliminary survey of the Kanthonzin water-supply scheme for Bassein was completed, and as the Sanitary Commissioner remarks that this town badly needs a good water-supply, it is to be hoped that the difficulty in the provision of the necessary funds (estimated at four lakhs) which the Municipal Committee declare they are unable to meet without help from Government, will not compel a resort to the dangerous alternative of a resort to open surface tanks.

The Mandalay water-supply is obtained from deep and shallow wells only a "few" of which are reported by the health officer as "pure and wholesome." It is said that a "few have been remedied during the year, and there is much more to do," but funds are wanting. Mandalay spent nothing on water-supply, and only 1 per cent. of its income on all sanitary works.

A scheme for the improvement of the open surface drainage of Rangoon is under consideration which should include the prevention of the abuse of these channels by a stringent reform of the conservancy arrangements and the prosecution of offenders. The attempt to obtain a survey of Moulmein for the improvement of the drainage has been frustrated by the departure of the surveyor and the incompetence of his successor. A scheme for the improvement of the Prome drainage has received the approval of the Sanitary Engineer and is now in hand; this involves the construction of a total length of 20 miles of channels of which two have been completed. The general scheme for the drainage of Bassein awaits a solution of the water-supply question already alluded to.

Village sanitation is receiving more attention, but progress, as is to be expected in Burma, is slow; it is something to have a definite assurance that the necessity of conserving the water-supplies is being more widely recognized by the people, but it is noted that the district medical officers have not in all instances given so much attention to this part of their duties as could be wished.

Sanitary Board.

195. No meetings of this body were held during the year owing chiefly to official changes and departures. Proposals for the resuscitation of the Board and for some alterations in the procedure for the disposal of work are under consideration, and will shortly be submitted to Government.

SECTION X.

GENERAL REMARKS.

The investigation of Indian fevers.

196. The brilliant researches of Major Ronald Ross which were summarised in this report for 1897, and the confirmation they have received at the hands of Koch and the Italian school, and not least of the new English schools, have had a marked influence in inciting recent workers in India to the pursuit of observations in the new field of parasitology thus opened up.

As one important result we may cite the work of Captain S. P. James, I.M.S., independently confirming the observations of Manson, Bancroft and Low, that mosquitoes of the genus Anopheles are capable of acting as efficient intermediary hosts of the parasite of "Filariasis" (*Filaria Sanguinis Hominis*); and as regards the practical point of the mode of infection, his dissections of the head tissues of the *Anopheles Rossii*, after the *filaria* had undergone its metamorphosis during a period of 12 to 14 days, leave little doubt that (in the words of Bancroft) "young filariæ may gain entrance to the human host whilst mosquitoes bearing them are in the act of biting." On the question of the rôle of the mosquito in the propagation of malarial fevers a considerable and increasing number of medical officers are devoting themselves to the marking-down of the breeding-places of the definitive host, supplemented by the clinical use of the microscope, and it is to be hoped that systematic observations sustained throughout the different seasonal periods of the year and in varying climatological and geographical areas, will afford valuable evidence, which will either serve to confirm or to suggest the inadequacy of the latest theory to explain all the established facts of the natural history of the disease.

Just as the remarkable discovery of James and Low of the living filaria in the probosces of different genera of mosquitoes, although suggestive of one means of infection, cannot be accepted as excluding the possibility of a water-borne infection, so also must we hold with Manson,* with regard to malarial infection, by direct inoculation by the bite of mosquitoes, "that this is the complete story is by no means sure." Referring to places which are practically uninhabitable on account of malaria, "and where there are few human inhabitants, if any," he asks pertinently, "if man be a necessary factor in the malaria cycle, how are we to account for malaria in such districts?" To this he replies that it is possible that, in such places, some other vertebrate may take the place of man, or it may be that the intervention of a vertebrate is not indispensable, the malarial parasite passing direct from one generation of mosquitoes to another, just as the sporozoal parasite of Texas fever is transmitted from the parent to its offspring. In connexion with outbreaks of malaria associated with the excavation of the soil in engineering works, he finds it difficult to explain how mosquito activity can be specially affected by the turning over of a few feet of earth, and he recalls Ross' observations on the highly resistant "black spores," and suggests that these may represent a "resting" stage of the parasite, which may remain dormant in some, as yet, unascertained medium for an indefinite time until the unknown appropriate conditions arrive for their re-entry into the pathogenic life-cycle.

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* (Volume VIII, Allbutt's System of Medicine, Appendix on Malaria.)

Smith, so well known in connexion with the study of Texas fever, holds a similar view of the possibility of an alternative mode of infection. During the short time that has elapsed since these suggestions were published, the labours of the large number of investigators now in the field have gone far to modify them; and to one or two points, notably the direct transfer of the parasite from one generation of the mosquito to another, the results of recent research are altogether opposed; it may be said that the direct inoculation theory holds the field, and that the *onus probandi* of an alternative mode of infection rests upon those who would take exception to the former view.

Every honest observation must be welcomed that can be urged and duly substantiated on the one side or the other of the question, the solution of which will indicate practical methods of prevention, and it is on this account that an enquiry recently made by Captain Rogers, I.M.S., into the conditions obtaining in a notoriously malarious locality on the bank of the Hooghly, near Calcutta, have a suggestive interest; that is to say, when we bear in mind the close analogy that obtains throughout the life-histories of the parasites of malaria and filariasis, and take into account the evidence which connects the latter disease with the drinking of infected water.

For if the evidence of the conveyance of infection by drinking-water should ultimately be disproved, we cannot surrender the established facts of the influence of the environment, of which the drinking-water is a prime factor, upon the predisposition of the human organism to disease. The removal of this predisposition is the fundamental principle of the prevention of all infectious disease, and as has been well said by a philosophical hygienist, "where the danger of fire is great, the extinction of myriads of individual sparks will always be less valuable service to the community than the intelligent construction of the house and the adaptation thereof to existing conditions."

The question Captain Rogers set himself to determine was the proportion of persons, in different parts of the area, who were at the time suffering from the effects of malaria as indicated by the enlargement of the spleen, and to this end, between five and six thousand persons of all classes and ages were examined. In addition, the water level was measured in as many wells as could be found, and enquiries were made as to the height to which the water rises in these wells during the rains. The main drainage channels of the area were examined; the drinking-water supplies of the different communities were enquired into and carefully noted; and, lastly, returns of the number of cases of fever treated each month of the year in most of the public dispensaries were obtained, and compared by means of charts with the monthly rainfall of recent years, with the object of ascertaining if there be any definite and constant relationship between the amount and distribution of the rainfall and the prevalence of malarial fevers. It is unnecessary here to follow Captain Rogers in the account he gives of the precautions taken to secure a fair average approximation to the relative prevalence of enlargement of the spleen among the inhabitants of the different towns and villages included in the area surveyed. He gives a suggestive table contrasting the "spleen percentages" in the municipalities located in two areas, running roughly parallel from north to south, one being situated on the east bank of the Hooghly river, and the other still further to the east, at distances varying from two to twenty-six miles from the former. The spleen percentages in Group I ranged from 11·2 (in Cossipore-Chitpur) to 37·8 in Titagarh, with an average for nine municipalities of 24·5. Whereas in Group II, the percentages varied, with one exception, from 32·3 in south Dum-Dum to 68·1 in north Dum-Dum, with an average for eight municipalities of 41·0.

The one exception referred to in the latter group was Maniktala, only 13·2 per cent. of the inhabitants of which were found to suffer from enlarged spleen, a rate comparable with that of Cossipore-Chitpur in Group I. It may be added that the average death-rate from "fevers" recorded in the Sanitary Commissioner's reports, bears a close relationship, as regards the relative incidence, to the "spleen rate." The average "fever" death-rate for the last five years in Group I is 21·3, that for Cossipore only 9·1; while in Group II, excluding Maniktala, it is 23·3, and for the last named place only 8·2.

It would therefore appear that, by comparison, the towns situated immediately on the east bank of the Hooghly are relatively healthy, and that directly we pass into the lower lying tract to the east we encounter strong evidence of conditions that give rise to intense malarial infection, but with the one notable exception named. Maniktala, situated on extremely low-lying and water-logged land, has nevertheless a spleen rate, and a fever death-rate, approximating to the lowest in the healthier area. Captain Rogers then proceeds to an analysis of the various local conditions under which these communities live, and concludes that the lowest spleen rates are invariably associated with one common factor, *viz.*, a good filtered water-supply. At the same time he is careful to allow that position in regard to water-logging is a factor to be taken into account. A closer analysis of the spleen rate in different wards of the same municipality lends support to this view, and helps to explain apparent divergencies from the rule in certain localities which are only partially supplied by the water-works of a neighbouring Local Board. The descriptions given of the local conditions prevailing in both Maniktala and Cossipore-Chitpur leave no doubt that none of the recognized factors in the production of malarial disease are wanting. They are the most "water-logged" of the whole series, the ground water-level being on the average only 5 feet from the surface in February, and in both places it is said to rise to within 1 or 2 feet of the surface in the rains; the areas are studded with open tanks, and the larvæ of Anopheles were found in abundance. These two towns, as already stated, differ from the rest in two particulars only, *viz.*, in the possession of a filtered water-supply and in the comparative freedom from the evidences of malaria. Where, further, certain well-defined parts of other towns yield approximate results in regard to the percentage of cases of enlarged spleen, such relative immunity is associated with a similar water-supply. On the other hand, the towns which are entirely dependent on open surface tanks for drinking-water yield, without exception, the highest spleen rates, while river-water supplies appear to be associated with intermediate rates; the tabulated results indeed go to show that the average rate for river-water drinkers is double, while that for tank-water drinkers is nearly treble that found among the consumers of filtered water.

It was impossible in the time at command to search all the pools and tanks in an area of many square miles, and it was therefore decided to map out all the surface water collections in a smaller typical area and examine them systematically, and a portion of Maniktala was chosen for this purpose. The larvæ of Anopheles were found in abundance in tanks containing fish, in smaller pools, and in roadside drains which were supplied with water from the water-service stand-pipes, a fact of interest as bearing on the question of a suggested increase in the fever-rate in certain localties elsewhere, subsequent to the introduction of filtered water-supplies. It may be admitted that figures can be quoted in support of such an increase, and if the increase were real, it is obvious that the view put forward by Captain Rogers would be directly traversed, and that a cogent argument would be adduced in favour of the direct inoculation theory of malaria infection. This is a question which is being investigated, but it may be advisable to indicate some of the difficulties attending an enquiry apparently so simple.

The causes of an increased death-rate subsequent to the introduction of an improved water-supply, may be roughly distinguished as apparent and real; apparent where the increase is due to misleading figures, and real where there has been an actual increase in the ratio of deaths. As regards the former, we must note that registration was, and is, defective nearly everywhere, and most of all in municipal towns; but it is gradually improving.

Registration may have been specially defective in a town up till the time when, a considerable capital having been sunk in water-works, the attention of the local authority is aroused, greater interest is taken in the collection of vital statistics, and the recorded rates rise.

In every case, disturbance is caused by the increase in population during inter-censal periods; the ratios, if the deaths continue only to be registered in the same proportion, must get apparently higher, though the actual death-rate may be really lower. A similar disturbance may be caused by an alteration of the municipal area to include or exclude either a very healthy or a very unhealthy suburb; in such cases comparison of the figures before and after cannot reasonably be made. A population may increase by immigration as a direct result of the convenience created by the introduction of water-works, and the ratios calculated on the census population will be vitiated.

Real increases may be brought about in cases where, although the supply is new, there is no improvement in the quality of the water consumed, and again where other causes enter to nullify the good effect of the improved supply. For instance, where the new supply exists side by side with the old, which is practically the case nearly everywhere, there is a tendency for the latter to become worse because less attention is paid to its conservancy. The average consumption per head in the large towns now in possession of water-works (see section IX) is obviously inadequate for all purposes, and natives have hardy prejudices in favour of their own house-wells for the supply for personal consumption. Again, a good public water-supply is open to very special risks, and if not under competent survey and management may disseminate widespread disease. Instances of factors which go to nullify the expected benefits of a good public system are where no arrangements are made to carry off the increased amount of water and waste introduced; water-logging of the soil from inadequate drainage results. And lastly, as a result of the introduction of a good and convenient water-supply, there may be overcrowding in certain parts of the town and deteriorated health, especially among infants, who furnish, roughly, from one-fourth to one-third of the total number of deaths.

It will be seen that in order to distinguish the real from the apparent effects of the introduction of a new system of water-supply, investigation must be very carefully and shrewdly conducted on the spot, in each case, by persons who are thoroughly acquainted with all the facts and competent to appraise their value and effect.

To return to the Bengal investigation: it is stated that just half of the thirty tanks in the area mapped-out contained the larvæ of Anopheles, in spite of the fact that all contained fish, a co-existence confirmed by observations made elsewhere. It is however to be borne in mind that the search was carried out in February, a time when fever is at its minimum prevalence, and it may possibly be that the particular species of Anopheles found is not an effective host for the parasite, or that these were not, at the time, harbouring the parasite; further observations in this area will, it is hoped, be made during the ensuing rainy season and autumn when fever is rife.

Lastly, a comparison of the fever rates, based on the returns of ten of the principal dispensaries for the last six years, with the monthly rainfall records, when both were plotted on charts for the different areas, failed to indicate any definite relationship between the two; nor was a similar attempt to trace the effect of water-logging of the soil, as indicated by the ground water-level, more successful.

It is to be observed that enlargement of the spleen is rather an evidence of past and confirmed malarial infection, than of the present active phase of the disease, nor does the present stage of our knowledge permit us to affirm an exclusive causal relation between the one and the other; and the value of these observations, which require to be confirmed elsewhere and to be supplemented by a laborious comparative series of clinical blood examinations, must at present be held to be, so far, discounted. What they certainly go to prove is that chronic enlargement of the spleen is definitely associated with the drinking of impure water, and so far as we can eliminate all other causal factors in the production of this pathological phenomenon, by so much will Captain Rogers' main thesis be established. At the same time the very striking relation between the spleen-rate and the death-rate from "fever" in the locality in question is very difficult to account for on any other hypothesis than that the former is a definite index of the prevalence of malaria. Again, it may be admitted that the evidence derived from the collation of meteorological and vital statistics is of a very doubtful value, where the diagnosis of fevers is unreliable and where relapses cannot be distinguished from fresh infections, and no solution of a problem of such complexity can be expected from such data *per se;* but, under certain circumstances of time, place and observer they may have a real contributory value, when combined with research into the seasonal and local distribution of the definitive host, when we bear in mind the influence of meteorological factors on both the host and the parasite. It may be added that a recent writer in the *Berliner Klinische Wochenschrift*, in discussing the subject of malarial fevers in the Prussian army, comes independently to the suggestion of an apparent association between the general prevalence of the disease and the quality of the drinking-water consumed.

Meanwhile it is satisfactory to note that the clinical and pathological aspects of the subject are not neglected. The excellent work of the late Captain Murray, I.M.S., on the Punjab fevers,* has been followed recently by a careful and instructive investigation by Captain Fearnside, I.M.S., into the fatal form of malaria which has long been prevalent in the Central Jail at Rajahmundry (Madras). The persistent heavy death-rate in this institution had been ascribed to Beri-Beri, and in the lucid summary the author presents of the medical history of this large institution, we encounter the familiar problem of the etiology of a fatal form of fever, the outstanding symptoms of which are a combination of anæmia, dropsy and an ill-defined neuritis. The subject is one of great interest not only for its local and intrinsic importance, but in view of its bearing on the question of the pathological significance of certain forms of tropical disease which have been confused and have given rise to controversy, *viz.*, Beri-Beri, Kala-Azar, Anchylostomiasis and pernicious malaria.* It is impossible within the limits of the space at command to follow Captain Fearnside throughout the exhaustive discussion he submits of his clinical and pathological observations. In a critical analysis of the results of 407 autopsies, he presents a vivid survey of the more remote effects of chronic malarial infection upon the various organs, and thereby elucidates the varying clinical aspects of a fatal form of disease which is familiar to medical officers of jails, and which when widely prevalent among the population at large, in certain areas, has been referred to different specific causes. This is supplemented by a careful account of the numerous examinations of the blood and of the intestinal dejecta made in cases representing every form of fever, including a large number of cases that would previously have been classed as Beri-Beri. One or other form of the malaria parasite was found in all, while the presence of the *ankylostoma duodenale* was established in 75 per cent., and an analysis of the research shows how constantly the supposed Beri-Beri was associated with the malignant varieties of the hæmatozoon in combination with the duodenal worm. An interesting observation is the fact noted that prisoners belonging to certain indigenous hill tribes are specially prone to harbour a malignant crescent-forming parasite; in times of scarcity large numbers of these poor people are admitted into jail, and the more fatal form of the disease becomes epidemic. Further observations with the object of elucidating the phenomena of relapses and of re-infection are being carried out; meanwhile Captain Fearnside has confirmed Ross' experiments on the proteosoma-infection of birds and on the development of the human parasite in Anopheles. Altogether this research has a notable value as being the first endeavour to study the ravages of malaria in a large Indian prison under scientific conditions.

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* "Scientific Memoirs by Medical Officers of the Army of India," Part X, 1897.

Mediterranean or Undulant Fever.

197. Those who have devoted study to the etiology of Malta or Undulant fever have long held the opinion that the distribution of the disease is not confined to the shores and islands of the Mediterranean. The simple clinical test made available by the ingenuity of Professor Wright of Netley had, so long ago as 1897, demonstrated the existence of the disease in patients invalided from India, no less than ten cases in the first instance having yielded the specific reaction. These and subsequent observations which are summed up in an article by Captain Lamb, I.M.S., in the *Indian Medical Gazette* for September, 1900, leave no doubt that Undulant fever has a very wide distribution in the tropical and sub-tropical zones, cases having been identified in places so far apart as Puerto Rico in the West to Calcutta in the East. It is a notable fact as regards its distribution, 'that in India it has been found in a large and increasing number of cases, not only in the large towns of the plains, but also in the hill stations of the Himalayas at an altitude of 7,000 feet.

There is already abundant evidence that the disease is not confined to Europeans; although observations on natives of this country have only recently been begun, there can be no doubt, from the positive results already obtained, that they are by no means rarely affected. Many cases of so-called simple continued fever, of malarial remittent and of aberrant typhoid fever will doubtless be rescued from the limbo of this unsatisfactory classification, and while further observations on the distribution and the prevalence of the disease must be awaited, we may even now anticipate an important advance in our knowledge of a class of fevers that has long reproached our ignorance, and our nosology.

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* See article Kala-Azar, Section X, Annual Report of Sanitary Commissioner with the Government of India, 1897.

Cerebro-Spinal Meningitis.

198. A reference to page 91, section IV of this Report, will afford some information as to the occurrence of Cerebro-spinal meningitis in the jails of India during the last few years. It cannot, however, be reasonably doubted that this is a disease with which we have long had to reckon, but which has, until comparatively recent years, eluded diagnosis. Hirsch, whose survey of its geographical distribution extends to the year 1886, takes no account of its occurrence in India, but the annals of Indian epidemiology afford striking evidence of outbreaks, which in the light of recent knowledge, must be referred to this specific infection. For instance, the outbreaks of the "new fever of a pernicious type" in Wardha (Central Provinces) in 1881 rendered classic by an extended reference in Creighton's *History of Epidemics*, must now be classed as one of epidemic cerebro-spinal meningitis. Not only as regards the clinical symptoms, but in respect of the general conditions accompanying the epidemic, we find a striking agreement with those which recent experience has taught us to associate with outbreaks in this country. But it is among the medical records of the jail population that, as might be expected, we find the most definite and undeniable evidence of the disease, while characteristic outbreaks are of constant occurrence among the emigrant coolies who congregate at the Calcutta depôts for embarkation for the West Indian plantations. A careful account of the first recorded cases in India is given in a paper presented to the first Indian Medical Congress (1894) by Surgeon-Lieutenant-Colonel Moorhead, I.M.S., and the record is summarised and supplemented by Major W. J. Buchanan, I.M.S., in the *Journal of Tropical Medicine* for August 1898 and in subsequent articles in the *Indian Medical Gazette*. To the latter officer must be ascribed the credit of establishing the identity of the disease as met with in India, with the cerebro-spinal meningitis of America and Europe, by the discovery of the *diplococcus intracellularis* (Weichselbaum) in the cellular elements of the fluid withdrawn by spinal puncture, his results having been confirmed by the Professor of Pathology at the Calcutta Medical College. And it is to further observations on the etiology of the disease made by Major Buchanan and Captain Stevens, I.M.S., during recent outbreaks in the Bhagalpur Jail that it is desired to draw attention.

Since January 1897, this jail has been the scene of a succession of cases, 47 in all, which may be grouped into three distinct outbreaks; the first from January 11th to April 18th, 1897; the second from October 17th, 1897, till April 20th, 1898; and the third from August 22nd, 1899, till August 1900. The monthly incidence is important and was as follows: January, 2 cases; February, 2; March, 5; April, 25; May, 2; June, none; July, 2; August, 1; September, 1; October, 3; November, none; and December, 2 cases. It may be mentioned that the average annual rainfall of Behar is approximately 50 inches, falling on an average of 75 days. In the whole November-April period, 6 months, there is an average fall of only 2·3 inches and only 8 rainy days altogether on the average. The months of March and April are distinguished by having by far the greatest daily range of temperature with an average minimum of 63° (Blandford).

Major Buchanan, starting with the assumption that the *diplococcus intracellularis* is the cause of the disease, was struck by the fact alleged by Germano, as the result of his researches into the viability of pathogenic organisms in dust (*Zeitschrift für Hygiene*, XXVI, pp. 288—291), that this diplococcus is the most resistant of all known pathogenic microbes to the effect of natural drying processes, and consequently the most viable in dust, "and capable of setting up infection in this way." Captain Stevens had independently arrived at the conclusion that there exists a direct connexion between dust and the disease in question. Enquiry was directed to the nature of the occupations of the prisoners attacked, and it was found that out of an average daily strength of some 650 men employed in labour which exposed them to dust in a marked degree, 44 out of the 47 cases occurred; only 3 cases therefore remain to be accounted for among a population, averaging 1,000 in number, whose work was done in comparatively dust-free surroundings in the clean factories whose walls and floors are coated with moist clay, constantly renewed. It is also noted that certain classes of prisoners who are habitually confined in certain parts of the jail enclosure, which are surrounded by high walls built close to the barracks, have hitherto been free from attacks. On the other hand twenty-four of the cases occurred among men exposed to wind-borne dust in road making, gardening, sweeping, building and dismantling old buildings, digging and working lime-kilns. No less than 16 cases arose among those occupied in "paddy-husking," in wheat-grinding and in cleaning food-grains; the remaining 4 are noted as cook's attendants, who are exposed to an atmosphere thick with dust. It will be remembered that the epidemic among the Soudanese troops in Khartoum in 1898 was associated with the work of dismantling old eastern houses and of removing the dust-laden roofs thereof.

The marked incidence of the disease in the dry rainless months strongly supports this *primâ facie* view of a connexion with germ-laden dust; sporadic cases of the disease among the general community outside the jail are known to occur, and many doubtless remain undiscovered owing to the absence of skilled medical attendance. The seven cases recorded in the monsoon period (June to October) occurred among prisoners employed in cleaning stored food-grains. April, the month of election for the disease, is notoriously the period of drought and strong west winds.

The type of all outbreaks in the Indian jails appears to suggest an endemic source of infection; the same institutions are repeatedly attacked, while information is accumulating of synchronous sporadic cases among the general population in the immediate environment. At the same time the evidence of infection direct from case to case is difficult to establish; cases drop in at intervals with no apparent connexion *inter se* and no widespread general epidemic occurs. Lastly, removal of a community into open camp has in several instances failed to influence the course of the disease, and although overcrowding may undoubtedly be a factor in its spread when once it has entered a barrack, as is to be expected in the case of an acute specific fever, the "cause" of which is contained in the nasal discharges, yet enquiry as to any definite relation with overcrowding has generally yielded negative results. In many respects a likeness to epidemic pneumonia suggests itself. It cannot, however, be doubted that in the recognition of this disease—and further observation will assuredly demonstrate that it is more widespread than our present scanty records would indicate—we are enabled to differentiate one more specific infection from the mass of tropical fevers. It is quite possible that some of the fatal cases returned as heat-stroke, heat-apoplexy and sunstroke, as well as some recorded as simple meningitis, may really be due to the disease in question. The routine observation of "Kernig's symptom" in all such cases would be a useful addition to other clinical tests, for although it may not prove to be absolutely pathognomonic for specific cerebro-spinal meningitis, the best authorities in this country are inclined to attach great diagnostic importance to it.

Enteric Fever and Dust.

199. It need scarcely be said that too much stress is not to be laid upon these scanty and purely epidemiological considerations, which must be held to have merely a suggestive value as indicating a promising field for exact research. Some striking evidence in connexion with the excessive prevalence of enteric fever among the European troops at Quetta in 1898, which has suggested a causal relation between infected dust and the disease, has led a recent writer to look into the seasonal incidence of enteric fever as it occurs in certain of the large geographical "groups" (see Tables in Appendix) with the result of further emphasizing the possibility of this source of infection. And it is true that if certain selected areas are taken, and if the admissions to hospital are plotted upon a scheme with the rainfall, there appears to be a notable incidence of the disease upon the rainless months of the year. But the limitations of the epidemiological method of enquiry are soon exposed, if we pursue the enquiry into other areas and over a series of years with their varying meteorological conditions. The factors are extremely complex and the data unreliable; while, for instance, the terms simple continued fever and remittent fever are still in use to a very large but unequal extent, it can scarcely be doubted that while many cases of enteric escape recognition, other specific forms are therein included, *e.g.* Malta fever. But beyond this it will be found that the seasonal incidence of the admissions for enteric gives a characteristic but different curve in nearly every separate geographical group. Whereas in the Punjab and on the frontier, the disease appears to be strictly limited to the rainless months and to vanish with the onset and continuation of the light and intermittent rainfall, on the other hand, in the Bombay Command it is decidedly most prevalent during the heavy and continuous monsoon weather; while in the North-Western Provinces and in Southern India there is a marked double rise in the curve,—one during the dry hot weather and the other during the rains—suggesting the possibility of the influence of dust in the one case and of pollution of the water-supplies in the other. Many questions are opened up, *viz.*, the nature of the soil, and of the water-sources, the height and fluctuation of the ground-water in polluted soil; for on a friable polluted soil with deep wells and a low ground water, dust might reasonably be expected to be a vehicle strongly open to suspicion, whereas on a consistent clay or rocky soil with surface water-supplies, the flushing of the polluted surface by rainfall would point to the probability of the infection of the drinking-water. There are of course other factors to be taken into account, such as the greater or less prevalence of flies at different seasons and in different places, but enough has been said here to show that the problem is a complex one, and not to be solved by an appeal to certain broad epidemiological facts, though these doubtless have their value.

Fevers in the Kumaon Hills.

200. Finally, a brief reference may be made to the observations made during a visit to the Kumaon hills in 1899 by Captain Rogers, I. M. S., into the disease called "sanjar" by the natives, and which has been thought to signify the endemic bubonic plague of these highlands. It is true that previous enquirers have endeavoured to distinguish between "sanjar" and "mahamari," but hitherto they have had to rely on the confused statements of the ignorant survivors, as

intelligence of an outbreak of fatal disease in these small and remote communities is long in reaching the authorities, and competent medical aid is not immediately available.

Captain Rogers was more fortunate, and his description of the clinical course of the fever and his discovery of the *Spirillum Obermeieri* in the blood of a patient have made it clear that "sanjar", in one of its forms at least, is true relapsing fever, although the term is applied indiscriminately to various infectious diseases which find all the conditions favourable to their rise and propagation in the intensely insanitary surroundings of these poor hill-folk.

The term "mahamari," on the other hand, connotes a more fatal and fulminant epidemic, either true plague, or typhus, or even cholera, and it is hoped that timely information of the next outbreak, will make it possible to investigate the subject further.

Preventive inoculation for Enteric Fever.

201. In concluding these discursive remarks on recent progress in our knowledge of Indian fevers, it will be interesting to give some figures showing the results attained so far by the process of inoculation for enteric fever introduced by Professor Wright of the Army Medical School, Netley. It will be observed that the results of the operations have been compared in two series, *viz.*, in the corps in which inoculations were carried out and in the whole body of the European army, in order to obviate any fallacy which might arise from a comparison instituted between populations not exposed to the same conditions. It must be admitted that it is impossible to make a scrupulously exact comparison of the conditions which in their sum involve a liability to, or an immunity against, enteric fever. For exact deductions we should have to take equal numbers of men of sufficient daily average strength, of equal age-periods and of equal length of residence in places equally presenting the sources of infection. But it is submitted that the numbers from which the present data are drawn are sufficiently large to compensate for the factors which tend to vitiate the ideal of an exact comparison, and even if it be held that their interest is, at this stage, rather of a provisional nature, the immense importance of the subject demands that every fact which tells for or against the process should be presented without delay.

Enteric Fever and inoculation in India in 1899.

European army in India.	Strength.	Number of men inoculated.	Number of men not inoculated.	CASES OF ENTERIC FEVER.				PERCENTAGE TO STRENGTH.				Difference between A and B in favour of A.		Percentage decrease in favour of A.	
				AMONGST THE MEN INOCULATED.		AMONGST THE MEN NOT INOCULATED.		AMONGST THE MEN INOCULATED. A		AMONGST THE MEN NOT INOCULATED. B					
				Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	A.	D.	A.	D.
Corps in which inoculations were performed.	30,353	4,502	25,851	44	9	657	146	·98	·20	2·54	·56	1·56	·36	61·4	64·3
European army of India ...	67,697	4,502	63,195	44	9	1,348	339	·98	·20	2·13	·54	1·15	·34	54·0	63·0

It is to be noted that so far as these figures go, the value of the process is demonstrated most notably on its prophylactic side; as regards the case mortality however there is also some appreciable difference. Among the inoculated it was 20·45 per cent., while among the uninoculated it was slightly higher, *viz.*, 22·22 per cent. in the corps in which inoculations were performed, and 25·14 per cent. in the army as a whole. For the rest the table may be allowed to speak for itself.

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Tuberculosis in India.

202. In the appendix to this section in last year's report some remarks by Lieutenant-Colonel Crombie, M. D., I.M.S., on the subject of tuberculosis in India, were included in a report made by that officer on the proceedings of the Congress on Tuberculosis held in Berlin in May 1899. The general conclusion arrived at was that the disease was notably less prevalent, especially among children in India than in Europe, but at the same time an increase among the jail section of the population was not overlooked. There are obvious reasons why the pathology of fatal disease among the large adult population of Indian jails should be more closely followed and accurately recorded than is the case for any other class; prisoners are constantly under medical supervision, and in all fatal cases a post-mortem examination is the rule. As long ago as 1848, Alan Webb pointed out how easy it was to overlook tuberculosis in natives dying of dysentery, diarrhœa and other wasting diseases, and it must be admitted that an examination of the jail death returns from phthisis pulmonalis for the last 20 years leaves some doubt as to how far the very decided and progressive rise therein shown connotes a real increase, or to what extent it depends on more accurate diagnosis. Subjoined is a tabular statement that may assist in throwing some light on the subject; it gives the ratios per mille of deaths from tubercle of the lungs, and from anæmia and debility in each provincial group of jails for the last four quinquennial periods.

Ratio of deaths from Tubercle and Anæmia and Debility in jails during the four quinquennia 1880 to 1899.

PROVINCE.		Ratio of deaths per 1,000 of population during the years			
		1880—84.	1885—89.	1890—94.	1895—99.
Burma	Tubercle	1·47	3·18	2·51	3·51
	Anæmia and Debility ..	2·81	4·63	1·08	0·37
Assam	Tubercle	0·64	1·49	0·17	1·40
	Anæmia and Debility ...	4·13	4·43	4·63	4·26
Bengal	Tubercle	4·14	3·39	2·72	3·41
	Anæmia and Debility ...	3·80	1·92	1·55	0·93
North-Western Provinces and Oudh.	Tubercle	1·84	1·81	1·80	2·58
	Anæmia and Debility ...	1·73	2·27	1·97	2·78
Punjab	Tubercle	1·27	1·73	1·76	2·41
	Anæmia and Debility ...	1·91	1·02	0·33	0·29
Bombay	Tubercle	1·72	1·28	0·69	2·57
	Anæmia and Debility ...	2·25	1·82	2·36	1·03
Berar	Tubercle	1·09	1·37	0·77	1·32
	Anæmia and Debility ...	0·47	0·58	0·96	3·20
Central Provinces ...	Tubercle	0·90	1·36	0·58	3·73
	Anæmia and Debility ...	6·58	5·75	2·15	3·92
Madras	Tubercle	1·60	1·88	1·46	3·22
	Anæmia and Debility ...	3·42	2·35	2·50	0·12
All India	Tubercle	1·63	1·94	1·38	2·68
	Anæmia and Debility ...	3·01	2·75	1·75	1·88

Two important conclusions, at least, are deducible from these figures, *viz.*, first that improved diagnosis has contributed largely to the nominal increase in the tubercle death-rate, for we see that as this latter rises the deaths allotted to anæmia and debility decline in approximately equal ratio, the combined death-rate from the two causes being much the same in the first period as in the last. And, secondly, we arrive at the fact, which is contrary to the accepted belief that the death-rate among adult natives of India living under excellent hygienic conditions, is notably higher than that of England and Wales among the population of the same age-periods, *viz.*, 15—55. In India the ratio per mille of average strength in 1899 was 2·49, while for England and Wales in 1898 it was 2·04.* There is fortunately good ground for the belief that the increase is not real to any appreciable extent, and that the prevalence of the disease can be traced, not to the conditions of jail life, though these, doubtless, are not favorable to amelioration and recovery when a prisoner is admitted with the disease, but to the general low standard of vitality among the poorer classes who furnish the criminal population. A vegetarian diet, poor in the nitrogenous and fatty elements, defects of clothing in a climate subject to an enormous diurnal and annual range and the overcrowding in dark, damp and dust-laden huts, which is the lot of the majority during the colder months and during the rains, are all factors acknowledged as the most potent everywhere as predisposing to the disease. It is perhaps needless to add that all possible measures of prevention are being employed.

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Special Sanitary Officers for Commands.

203. In Section II of these reports for the last three years a *précis* has appeared of the results of the investigations of the three special sanitary officers, who have been recently attached to two of the largest military districts and to army head-quarters in India, and whose duty it has been to enquire into special ourbreaks of disease, and to carry out experimental observations with a view to the elucidation of the chief sanitary problems in cantonments. Their work has been strictly practical in its aim, and the results have proved so valuable that in an order just published the Government of India have decided to increase their number to four, and to attach one to each of the commands. As heretofore, these officers will be selected from the Royal Army Medical Corps and will be required to have undergone special training in sanitary science and to possess a diploma in public health.

In addition to the appointment of these officers, and in order to ensure continuity of work in their laboratories during their absences, which must necessarily be frequent, arrangements will be made to associate with each of them a medical officer from the station hospital at their head-quarters, who will be relieved for this purpose of some of his ordinary duties. It is hoped that in the future these assistant officers will be usefully employed on sanitary work during field operations. With a view also to further extend the advantages of microscopic examinations and scientific advice in sanitary matters, small and inexpensive laboratories will be established at the head-quarters of each district (except the Punjab Frontier Force and Assam, where there are no British troops), under the superintendence of the medical officer in charge of the station hospital. The duties of the officers in charge of these district laboratories will be to conduct such investigations as may be within their powers, with special reference to sanitation, and to render assistance to the sanitary officer of the command whenever necessary. The latter will supervise the district laboratories, direct the efforts of the officers in charge, and encourage the development of bacteriological research as much as possible.

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* Phthisis; Registrar General's Report, 1898.

There cannot be any question that this action, taken on the advice of the Principal Medical Officer, Her Majesty's Forces in India, will be fruitful in important practical benefit to the health of the troops, and in contributions to the elucidation of the problems of tropical disease.

And further, it may be noted that the establishment and early inauguration of the Central Bacteriological Institute for India, is engaging immediate attention. There will probably be some delay before the affiliated provincial institutes, which are to complete the project, become accomplished facts. But the scheme has been cordially approved and moves to completion, and the Government and the country are to be congratulated equally on a measure which cannot but prove to be of enormous benefit to medical science, and so promote the common weal.

* * * * * * *

The Pasteur Institute.

204. The public-spirited enterprise of the private association formed several years ago for the purpose of providing treatment for persons bitten by rabid dogs in India, on the Pasteur system, has at last achieved its purpose. On August 9th, 1900, the Indian Pasteur Institute was opened for active operations at Kasauli, a hill cantonment and sanitarium in the Himalayas, near Simla. This practical issue after years of effort is largely due to the active interest taken in the movement by the Principal Medical Officer, Her Majesty's Forces in India, who was able to place the services of Major Semple, R. A. M. C., at the disposal of the Committee, and already a large number of patients, both European and Native, have undergone treatment at his hands.

* * * * * * *

The Red Sea Pilgrim Traffic.

205. The quarantine station on the island of Camaran was opened for the reception of pilgrims for the Haj of 1898-99 on 25th November of the former year. The number of pilgrims from all parts accommodated during the season was 14,074, against 15,228 and 14,210 in the two previous seasons, respectively.

The continued presence of plague in India rendered it incumbent on the part of the Government of this country to maintain the precautions which had been enforced during the previous year, and which were fully detailed in this Report for 1898. Briefly it may be recalled that the Notification of November 10th, 1898, ordained that no person resident in the Bombay Presidency (excluding Sind, but including its port, Karachi), the Madras Presidency, Mysore, the Hyderabad States and Coorg, would be permitted to embark for Mecca from any port in India save Chittagong, and then only after a period of detention for medical observation. Local Governments and Administrations were further directed to advise all intending pilgrims to defer their journey until a more favourable season.

The effect of these measures in limiting the exodus from India was everywhere apparent. His Highness the Nizam of Hyderabad fell in with the views of Government, and agreed that his Musalman subjects should defer their pious journey; and in consequence of the limitation of embarkation to the one port of Chittagong, certain Javanese pilgrims who arrived at Bombay *viâ* Madras, and who were unaware of this arrangement, declined to prolong their journey to Chittagong and elected to return to Java forthwith.

A further precaution, instituted for the first time, was the disinfection of all clothing and effects before embarkation was permitted at Chittagong, a measure that appears to have been carried out very carefully and successfully.

As a consequence of these deterrent measures, moral and practical, only two ships were despatched from India with pilgrims during the season, and these left Chittagong on the 25th January and the 28th February 1899 with 740 and 706 Hajjis respectively. Altogether 1,833 Natives of India and 70 Afghans arrived at Camaran to undergo quarantine, prior to proceeding to Mecca, as compared with 890 and 124 respectively in the previous year, the number in excess of those who embarked at Chittagong being accounted for by pilgrims from the Straits Settlements and from Persian ports.

On the arrival of one of the two ships from India at Camaran, a pilgrim who had been under treatment for asthma and remittent fever during the voyage, which occupied some 46 days, was suspected to be suffering from plague, and an examination of his sputa is alleged to have revealed the presence of the specific bacilli. Doubt is thrown upon the diagnosis by the Vice-Consul at Jeddah, a medical man, and it is satisfactory to record that no other case, either on board the pilgrim ships or in the Lazaret, gave rise to suspicion that the disease had escaped the vigilance of the authorities.

Plague was unfortunately present in Jeddah, the first case having been discovered on the 22nd February 1899, that is long before the arrival of pilgrims from India. Pilgrims were nevertheless allowed to enter the town, but only for the briefest period compatible with the necessary business for the journey to Mecca, and no case of the disease was reported among the natives of India. One or two cases of plague are said to have occurred at Mecca itself, but they were clearly imported from Jeddah.

Return of the Pilgrims.

206. Three vessels left Jeddah for the port of Calcutta during the year, from one of which the pilgrims were landed, contrary to instructions, before inspection by the Health Officer. The other two brought 748 Indian pilgrims, who, after inspection and thorough disinfection of their effects and clothing, were despatched by rail under police escort to their destinations. Javanese pilgrims to the number of 338 were not allowed to land, but transferred at once to a vessel which sailed forthwith for Singapore. The health on board these ships during the return voyage had been exceptionally good. Eleven vessels bringing in all 862 pilgrims from Jeddah *viâ* Aden and other routes, entered the port of Bombay during the year. Only five deaths had occurred among this number during the voyage, and these were clearly attributable to privation, there being no case of infectious disease. The baggage and clothing of all was disinfected on arrival at Bombay; the pilgrims living up-country were not allowed to enter the city, but were sent direct from the ships to their homes by rail at the expense of Government.

Dated the 10th December, 1900.

ROBERT HARVEY, M.D., F.R.C.P.,
Surgeon-General, I. M. S.,
Sanitary Commissioner with the
Government of India.

ANNUAL RETURNS

OF THE

EUROPEAN ARMY OF INDIA

OF THE

NATIVE ARMY AND OF THE JAIL POPULATION

FOR THE YEAR

1899.

COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

BY

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For 1899 the months are divided as follows:—

January—from 1st January to 3rd February.
February—from 4th February to 3rd March.
March—from 4th March to 31st March.
April—from 1st April to 28th April.
May—from 29th April to 2nd June.
June—from 3rd June to 30th June.
July—from 1st July to 28th July.
August—from 29th July to 1st September.
September—from 2nd September to 29th September.
October—from 30th September to 3rd November.
November—from 4th November to 1st December.
December—from 2nd December to 31st December.

In the jail tables, on the other hand, the months mentioned are calendar months, the returns being monthly returns.

TABLE G

*Grouping of Diseases in the Main Tables for 1899.**

HEAD OF DISEASE.	Includes or includes also	
CHOLERA	Choleraic diarrhœa.	
HEAT-STROKE	Sunstroke and Heat-Apoplexy.	
ALCOHOLISM	Delirium tremens. Alcoholic Poisoning.	
TUBERCLE OF THE LUNGS	Tubercular Phthisis, and Hæmoptysis due to tubercle.	
OTHER RESPIRATORY DISEASES.	Includes Hymoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.	
ANÆMIA AND DEBILITY	Old age (Tables for men and women). Immaturity at birth (Tables for children).	
DIARRHŒA	Epidemic Diarrhœa.	
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis; but excludes Ciarhosis of liver.	
VENEREAL DISEASES	Primary syphilis, Secondary syphilis; Gonorrhœa, and Soft Chancre, which include also their sequelæ.	
GUINEA-WORM AND OTHER ENTOZOA	The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.	
PHAGEDÆNA, SLOUGH, AND GANGRENE.	Nomenclature of 1896, Nos. 25*a* and *b*, 800, and 847.	These two headings appear only in jail tables.
ABSCESS, ULCER, AND BOIL	Nomenclature of 1896, Nos. 799, 843, and 845.	
ABORTION AND PUERPERAL AFFECTIONS.	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.	
OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.	

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* For details of individual diseases see Table LIII.

I.—EUROPEAN TROOPS, 1899.

A. MEN.

TABLE D.

STATIONS by COMMANDS.

STATIONS.	Height above sea level in feet.*	Authority for height.†
BENGAL :—		
Fort William (Calcutta)	17	S. G.
Fort Fulta	18	"
Fort Chingrikhal	...	...
Dum-Dum	...	...
Barrackpore	24	S. G.
Dinapore	...	...
Benares	256	S. G.
Allahabad	298	"
Fort Allahabad	298	"
Fyzabad	336	"
Sitapur	449	"
Lucknow	400	"
Cawnpore	417	"
Fatehgarh	444	I. B.
Shahjahanpur	507	S. G.
Bareilly	560	"
Roorkee	884	"
Meerut	739	"
Delhi	715	"
Muttra	576	"
Agra	554	"
Jhansi	860	"
Nowgong	770	I. B.
Saugor	1,753	S. G.
Jubbulpore	1,306	"
‡ Ranikhet	5,983	"
Chaubuttia	6,942	"
‡ Chakrata	6,885	"
‡ Lebong	6,000	I. B.
Darjeeling Convalescent Depôt	7,168	S. G.
Naini Tal "	6,400	"
Landour "	7,362	"
Pachmarhi Sanitarium	3,481	"
PUNJAB :—		
Umballa	902	S. G.
Jullundur	900	"
PUNJAB :—*contd.*		
Ferozepore	645	S. G.
Amritsar	756	"
Meean Meer	706	"
Fort Lahore	706	"
Sialkot	829	"
Rawalpindi	1,707	"
Campbellpur	1,200	M. O.
Attock	891	S. G.
Nowshera	1,100	M. O.
Peshawar	1,165	S. G.
Mooltan	402	"
‡ Solon	5,166	"
‡ Dagshai	5,982	"
‡ Subathu	4,124	"
‡ Jutogh	6,371	"
‡ Khyragully	8,746	"
‡ Baragully	6,000	M. O.
‡ Kuldunnah	7,049	S. G.
‡ Kalabagh	7,936	I. B.
‡ Camp Gharial	5,112	S. G.
‡ " Thobba	7,133	I. B.
‡ " Upper Topa	7,000	M. O.
‡ " Lower Topa	7,320	I. B.
‡ Ghora Dhaka	7,353	"
‡ Cherat	4,520	S. G.
Lundi Kotal	3,600	I. B.
Kasauli Convalescent Depôt	5,971	S. G.
Dalhousie " "	6,732	"
Murree " "	7,098	"
MADRAS :—		
Port Blair	85	S. G.
Rangoon	14	"
Thayetmyo	145	"
Meiktila	298	"
Fort Dufferin (Mandalay)	249	"
Shwebo	600	M. O.
Bhamo	351	S. G.
MADRAS :—*contd.*		
Secunderabad	1,732	S. G.
Belgam	2,473	"
Cannanore	47	"
Calicut	27	M. D.
Mallapuram	500	M. O.
Bellary	1,483	S. G.
Bangalore	3,021	"
Pallavaram	74	"
St. Thomas' Mount	250	"
Madras	15	"
‡ Ramandrug	3,150	"
‡ Wellington	6,160	"
Poonamallee Depôt	50	M. O.
BOMBAY :—		
Hyderabad	134	I. B.
Kurrachee	28	S. G.
Deesa	468	"
Ahmedabad	170	"
Neemuch	1,613	"
Nasirabad	1,461	"
Indore	1,806	"
Mhow	1,903	"
Kamptee	941	"
Sitabaldi	1,236	"
Satara	2,183	"
Poona	1,909	"
Kirkee	1,837	"
Ahmednagar	2,125	"
Colaba (Bombay)	20	"
Quetta	5,511	"
Taragarh Sanitarium	2,855	"
Mount Abu "	3,960	"
Purandhur "	4,564	"
Khandalla "	2,000	M. O.
Deolali Depôt	1,829	S. G.
Aden	26	"

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* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

‡ These are the official "Hill Stations."

TABLE I.

RATIOS OF COMMANDS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	Ratios per 1,000 of the average strength.				
	Bengal Command.	Punjab Command.	Madras Command.	Bombay Command.	India.*
I.—Strength	21,278	18,080	12,876	15,462	67,697
II.—† Constantly-sick-rate of each month—					
January	93·9	76·6	85·1	67·4	81·1
February	80·6	68·8	81·4	70·5	75·4
March	81·0	55·0	73·9	73·7	70·5
April	79·1	59·1	74·1	68·6	70·4
May	82·4	69·6	78·3	66·3	74·6
June	81·4	69·1	77·9	69·7	74·8
July	76·3	68·8	82·9	69·1	73·9
August	88·0	61·9	82·4	70·7	76·0
September	82·6	58·8	86·0	71·4	74·3
October	77·8	51·0	87·2	66·8	69·8
November	74·7	51·2	88·1	60·3	67·9
December	74·0	52·1	88·2	54·6	66·2
Of the year	80·9	62·1	81·9	67·4	73·0
III.—Admission-rate of the year—					
Influenza	7·1	1·9	27·5	8·7	10·0
Cholera	...	·1	...	...	·01
Small-pox	...	·6	·2	·1	·2
Enteric Fever	22·8	24·9	12·1	19·4	20·6
Intermittent Fever	247·8	247·1	219·9	216·9	235·2
Remittent Fever	7·0	15·3	7·1	9·0	9·7
Simple Continued Fever	30·4	32·0	38·5	28·8	32·0
Tubercle of the lungs	3·3	2·5	3·3	3·4	3·1
Pneumonia	3·8	7·6	2·6	5·9	5·1
Other Respiratory Diseases	19·2	27·2	28·7	22·9	24·0
Dysentery	32·4	18·0	30·8	20·0	25·4
Diarrhœa	18·0	23·0	5·6	21·3	17·7
Hepatic Abscess	2·8	1·9	2·1	2·1	2·3
,, Congestion and Inflammation	18·0	13·9	22·8	14·3	17·0
Venereal Diseases	364·9	226·7	397·8	273·6	313·4
All Causes	1,191·1	1,085·1	1,259·2	1,072·9	1,148·7
V.—Death-rate of the year—					
Cholera	...	·06	...	...	·01
Small-pox	...	·06	...	...	·01
Enteric Fever	5·50	6·64	3·03	4·66	5·14
Intermittent Fever	·42	·33	·31	...	·28
Remittent Fever	·09	·33	·16	·06	·16
Simple Continued Fever	...	·06	...	...	·01
Heat-stroke	·75	·55	·23	·32	·50
Circulatory Diseases	·66	·50	·39	·65	·56
Tubercle of the lungs	·89	·50	·39	·32	·56
Pneumonia	·47	1·16	·16	·78	·66
Other Respiratory Diseases	·14	·17	...	...	·09
Dysentery	1·08	·39	·62	·39	·65
Diarrhœa	...	...	...	...	...
Hepatic Abscess	1·46	1·11	1·48	·97	1·26
All Causes	13·82	14·82	10·10	11·06	12·75
V.—Percentage in 100 admissions—					
Influenza	·60	·17	2·18	·81	·87
Cholera	...	·01	...	...	...
Small-pox	...	·05	·01	·01	·02
Enteric Fever	1·91	2·30	·96	1·81	1·79
Intermittent Fever	20·80	22·77	17·46	20·21	20·48
Remittent Fever	·58	1·41	·57	·84	·84
Simple Continued Fever	2·55	2·95	3·06	2·69	2·79
Tubercle of the lungs	·28	·23	·27	·31	·27
Pneumonia	·32	·70	·21	·55	·44
Other Respiratory Diseases	1·61	2·50	2·28	2·13	2·09
Dysentery	2·72	1·66	2·44	1·87	2·21
Diarrhœa	1·51	2·12	·44	1·99	1·54
Hepatic Abscess	·24	·17	·17	·19	·20
,, Congestion and Inflammation	1·52	1·28	1·81	1·33	1·48
Venereal Diseases	30·64	20·89	31·59	25·50	27·28
VI.—Percentage in 100 deaths—					
Cholera	...	·4	...	...	·1
Small-pox	...	·4	...	...	·1
Enteric Fever	39·8	44·8	30·0	42·1	40·3
Intermittent Fever	3·1	2·2	3·1	...	2·2
Remittent Fever	·7	2·2	1·5	·6	1·3
Simple Continued Fever	...	·4	...	...	·1
Heat-stroke	5·4	3·7	2·3	2·9	3·9
Circulatory Diseases	4·8	3·4	3·8	5·8	4·4
Tubercle of the lungs	6·5	3·4	3·8	2·9	4·4
Pneumonia	3·4	7·8	1·5	7·0	5·2
Other Respiratory Diseases	1·0	1·1	...	...	·7
Dysentery	7·8	2·6	6·2	3·5	5·1
Diarrhœa	...	...	...	...	...
Hepatic Abscess	10·5	7·5	14·6	8·8	9·8

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* For complete detail of diseases, see Table LIII.

† Worked on the aggregates.

TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	Ratios per 1,000 of the Average Strength.												
	I	II	IV	V	VI	VII	VIII	IX	X	XI	XII*a*	XII*b*	
	Burma Coast and Bay Islands.	Burma Inland.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Deccan.	Western Coast.	Southern India.	Hill Stations.	Hill Convalescent Depôts, and Sanitaria.	India.*
I.—Strength	1,206	2,942	2,103	6,976	12,749	4,781	6,151	9,939	1,611	3,194	9,525	3,272	67,697
II.—†Constantly-sick-rate of each month—													
January	79·9	66·2	92·6	91·8	90·6	77·9	102·7	86·1	95·2	81·9	51·5	94·0	81·1
February	76·4	61·0	74·3	86·0	81·7	69·3	86·3	84·4	82·6	83·0	48·5	71·2	75·4
March	68·7	64·4	80·7	82·1	77·1	55·6	75·2	79·2	81·5	74·7	53·1	74·9	70·5
April	57·1	67·6	66·1	85·7	73·4	52·6	74·4	77·2	66·9	71·3	59·5	72·9	70·4
May	57·5	68·5	63·3	88·1	84·6	62·2	72·4	79·7	67·1	78·1	61·7	77·4	74·6
June	60·2	68·1	67·7	91·6	81·8	64·4	75·0	87·0	57·0	71·4	56·9	78·1	74·8
July	64·5	77·1	76·1	83·4	76·3	72·9	74·6	80·5	62·8	75·6	56·6	82·4	73·9
August	80·5	83·9	100·8	94·4	77·5	65·4	86·3	78·0	69·1	75·2	52·3	80·3	76·0
September	77·0	90·6	90·6	92·2	77·8	52·6	82·4	83·0	66·0	77·9	50·5	78·3	74·3
October	90·0	96·2	113·0	84·5	68·9	49·7	80·7	70·1	65·9	85·6	46·9	74·1	69·8
November	84·3	88·5	113·7	79·1	57·2	48·2	71·2	71·5	65·2	99·4	55·2	98·4	67·9
December	83·5	104·2	106·3	73·6	61·2	48·1	61·9	65·1	53·8	88·8	59·4	88·6	66·2
Of the Year	73·0	77·5	85·7	85·7	75·3	59·4	78·3	78·4	69·8	79·7	54·7	79·1	73·0
III.—Admission-rate of the Year—													
Influenza	37·3	15·0	...	3·9	·5	2·1	...	36·1	...	·3	15·4	1·2	10·0
Cholera	...	...	...	...	·1	...	...	...	...	...	...	...	·01
Small-pox	1·7	...	...	...	...	2·1	·2	·1	...	...	...	...	·2
Enteric Fever	5·8	4·1	8·1	22·4	24·6	14·9	31·9	20·0	6·8	20·4	25·5	22·0	20·6
Intermittent Fever	187·4	383·1	658·1	195·7	267·5	276·9	230·9	209·5	148·4	274·9	103·6	216·7	235·2
Remittent Fever	6·6	11·9	15·2	4·2	7·5	28·2	13·3	7·6	2·5	5·6	8·5	7·9	9·7
Simple Continued Fever	73·8	38·1	53·7	43·2	19·5	71·1	17·1	25·4	21·1	60·1	17·2	12·2	32·0
Rheumatic Fever	·8	·3	...	·7	·8	1·3	1·0	1·2	1·9	·6	4·4	2·1	1·5
Tubercle of the lungs	5·8	1·7	3·3	3·0	3·5	2·7	2·0	2·2	5·0	2·8	1·8	3·4	3·1
Pneumonia	3·3	2·0	3·3	2·0	7·2	9·0	2·4	4·0	2·5	2·5	8·4	3·7	5·1
Other Respiratory Diseases	23·2	20·1	17·1	17·9	26·2	32·6	22·8	22·2	23·6	16·6	22·4	44·6	24·0
Dysentery	19·9	20·4	90·3	26·9	22·2	10·0	21·0	27·4	10·6	36·0	19·5	20·5	25·4
Diarrhœa	5·0	·7	20·9	17·2	23·5	17·6	23·6	14·8	19·2	11·3	18·9	15·6	17·7
Hepatic Abscess	...	3·7	8·1	2·6	1·4	1·3	1·8	2·0	1·2	3·1	2·5	2·1	2·3
Hepatic Congestion and Inflammation	28·2	20·7	16·6	17·3	17·9	6·3	14·5	15·3	16·8	31·3	12·7	23·5	17·0
Venereal Diseases	401·3	398·0	275·8	382·7	305·0	234·5	322·5	381·3	341·4	375·1	222·0	257·6	313·4
All Causes	1,182·4	1,391·9	1,630·5	1,131·3	1,225·8	1,114·8	1,130·5	1,185·9	934·8	1,354·1	845·2	1,190·7	1,148·7
IV.—Death-rate of the Year—													
Cholera	...	...	...	...	·08	...	...	...	...	...	...	...	·01
Small-pox	...	...	...	...	...	·21	...	...	...	...	...	...	·01
Enteric Fever	2·49	1·36	1·90	6·02	6·90	6·48	9·10	4·02	1·86	4·70	4·20	5·20	5·14
Intermittent Fever	·83	·68	2·38	·14	·31	·42	·16	...	...	...	·10	·31	·28
Remittent Fever	...	·34	·48	...	·39	·42	...	·10	...	...	...	·31	·16
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	·31	·01
Heat-stroke	...	·34	1·90	1·15	·55	·63	·65	·30	...	...	...	...	·50
Circulatory Diseases	...	...	·48	·43	·39	·21	·81	·40	...	·63	1·05	1·22	·56
Tubercle of the lungs	...	·68	·95	1·43	·63	·42	·16	·30	...	...	·42	·31	·56
Pneumonia	...	...	·95	·14	1·02	1·05	·16	·50	·62	...	1·36	·92	·66
Other Respiratory Diseases	...	...	·48	·14	·16	...	·16	...	...	...	...	·31	·09
Dysentery	1·66	...	4·28	1·00	·39	·21	·49	·50	...	·94	·52	...	·65
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	...	2·04	4·28	1·29	·86	1·05	1·30	1·11	·62	2·82	1·05	·92	1·26
All Causes	6·63	7·82	21·87	14·76	14·12	15·06	14·96	9·56	9·31	14·40	10·50	14·06	12·75
V.—Percentage in 100 admissions—													
Influenza	3·16	1·07	...	·34	·04	·19	...	3·07	...	·02	1·83	·10	·87
Cholera	...	...	...	...	·01	...	...	...	...	...	...	...	...
Small-pox	·14	...	...	...	...	·19	·01	·01	...	...	...	...	·02
Enteric Fever	·49	·29	·50	1·98	2·00	1·33	2·82	1·70	·73	1·50	3·02	1·85	1·79
Intermittent Fever	15·85	27·52	40·36	17·30	21·82	24·84	20·42	17·81	15·87	20·30	12·26	18·20	20·48
Remittent Fever	·56	·85	·93	·37	·61	2·53	1·18	·65	·27	·42	1·01	·67	·84
Simple Continued Fever	6·24	2·74	3·30	3·81	1·59	6·38	1·51	2·16	2·26	4·44	2·04	1·03	2·79
Rheumatic Fever	·07	·02	...	·06	·06	·11	·09	·10	·20	·05	·52	·18	·13
Tubercle of the lungs	·49	·12	·20	·27	·28	·24	·17	·19	·53	·21	·21	·28	·27
Pneumonia	·28	·15	·20	·18	·59	·81	·22	·34	·27	·18	·99	·31	·44
Other Respiratory Diseases	1·96	1·44	1·05	1·58	2·14	2·93	2·01	1·89	2·52	1·23	2·65	3·75	2·09
Dysentery	1·68	1·47	5·54	2·38	1·81	·90	1·86	2·33	1·13	2·66	2·31	1·72	2·21
Diarrhœa	·42	·05	1·28	1·52	1·92	1·58	2·09	1·26	2·06	·83	2·24	1·31	1·54
Hepatic Abscess	...	·27	·50	·23	·12	·11	·16	·17	·13	·23	·30	·18	·20
Hepatic Congestion and Inflammation	2·38	1·49	1·02	1·53	1·46	·56	1·28	1·30	1·79	2·31	1·50	1·98	1·48
Venereal Diseases	33·94	28·60	16·91	33·83	24·88	21·03	28·53	32·43	36·52	27·70	26·27	21·64	27·28
VI.—Percentage in 100 deaths—													
Cholera	...	...	...	...	·6	...	...	...	...	...	...	...	·1
Small-pox	...	...	...	...	...	1·4	...	...	...	...	...	...	·1
Enteric Fever	37·5	17·4	8·7	40·8	48·9	43·1	60·9	42·1	20·0	32·6	40·0	37·0	40·3
Intermittent Fever	12·5	8·7	10·9	1·0	2·2	2·8	1·1	...	...	...	1·0	2·2	2·2
Remittent Fever	...	4·3	2·2	...	2·8	2·8	...	1·1	...	...	...	2·2	1·3
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...	2·2	·1
Heat-stroke	...	4·3	8·7	7·8	3·9	4·2	4·3	3·2	...	...	...	...	3·9
Circulatory Diseases	...	...	2·2	2·9	2·8	1·4	5·4	4·2	...	4·3	10·0	8·7	4·4
Tubercle of the lungs	...	8·7	4·3	9·7	4·4	2·8	1·1	3·2	...	...	4·0	2·2	4·4
Pneumonia	...	...	4·3	1·0	7·2	6·9	1·1	5·3	6·7	...	13·0	6·5	5·2
Other Respiratory Diseases	...	...	2·2	1·0	1·1	...	1·1	...	...	...	...	2·2	·7
Dysentery	25·0	...	19·6	6·8	2·8	1·4	3·3	5·3	...	6·5	5·0	...	5·1
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	...	26·1	19·6	8·7	6·1	6·9	8·7	11·6	6·7	19·6	10·0	6·5	9·8

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* For complete detail of diseases, see Table LIII.

† Worked on the aggregates.

EUROPEAN TROOPS, 1899.

TABLE III.

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals, see Table IV.

1. Admission-rate. 2. Death-rate.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Port Blair	141	... ...	... ...	... ...	7·1 7·09	255·3 7·09	... ...	134·8 ...	... ...	... ...	... ...	... ...	... ...	14·2 ...	14·2 ...	... ...	... ...	14·2 ...	127·7 ...	879·4 14·18	45·2	14·2 ...	14·2 ...	56·7 ...	42·6 ...
Rangoon	1,065	42·3 ...	... ...	1·9 ...	5·6 1·88	178·4 ...	7·5 ...	65·7 ...	·9 ...	... ...	2·8 ...	6·6 ...	3·8 ...	24·4 ...	20·7 1·88	5·6 ...	... ...	30·0 ...	437·6 ...	1,222·5 5·63	76·7	124·9 ...	95·8 ...	61·0 ...	155·9 ...
Group I.—Burma Coast and Bay Islands.	* 1,206	37·3 ...	... ...	1·7 ...	5·8 2·49	187·4 ·83	6·6 ...	73·8 ...	·8 ...	... ...	2·5 ...	5·8 ...	3·3 ...	23·2 ...	19·9 1·66	5·0 ...	... ...	28·2 ...	401·3 ...	1,182·4 6·63	† 73·0	111·9 ...	86·2 ...	60·5 ...	142·6 ...
Thayetmyo	601	... ...	... ...	... ...	6·7 1·66	54·9 ...	5·0 ...	116·5 ...	1·7 ...	... ...	5·0 ...	... 1·66	1·7 ...	23·3 ...	6·7 ...	3·3 ...	10·0 3·33	6·7 ...	422·6 1·66	1,064·9 11·65	69·4	171·4 ...	36·6 1·66	83·2 ...	131·4 ...
Meiktila	399	60·2 ...	... ...	... ...	7·5 5·01	50·1 ...	... ...	15·0 ...	... ...	... ...	... ...	... ...	... ...	2·5 ...	25·1 ...	... ...	2·5 2·51	12·5 ...	320·8 ...	714·3 7·52	55·2	80·2 ...	15·0 ...	102·8 ...	122·8 ...
Fort Dufferin	1,030	13·6 ...	... ...	... ...	1·0 ...	695·1 ·97	6·8 ...	35·0 ...	... ...	7·8 ·97	7·8 ...	2·9 ...	3·9 ...	13·6 ...	27·2 ...	... ...	... ...	44·7 ...	527·2 ...	1,979·6 4·85	106·1	121·4 ...	150·5 ...	134·0 ...	121·4 ...
Shwebo	610	9·8 ...	... ...	... ...	3·3 1·64	167·2 ...	39·3 1·64	... ...	... ...	... ...	1·6 ...	3·3 1·64	1·6 ...	27·9 ...	16·4 ...	... ...	6·6 4·92	9·8 ...	280·3 ...	1,050·8 11·48	60·9	96·7 ...	13·1 ...	116·4 ...	54·1 ...
Bhamo	301	... ...	... ...	... ...	6·6 ...	850·5 3·32	3·3 ...	... ...	... ...	3·3 ...	10·0 ...	... ...	... ...	43·2 ...	26·6 ...	... ...	... ...	... ...	249·2 ...	1,627·9 3·32	59·0	93·0 ...	13·3 ...	26·6 ...	116·3 ...
Group II.—Burma Inland.	* 2,942	15·0 ...	... ...	... ...	4·1 1·36	383·1 ·68	11·9 ·34	38·1 ...	·3 ...	3·1 ·34	5·1 ...	1·7 ·68	2·0 ...	20·1 ...	20·4 ...	·7 ...	3·7 2·04	20·7 ...	398·0 ·34	1,391·9 7·82	† 77·5	117·9 ...	66·3 ·34	104·7 ...	109·1 ...
Fort William	1,098	... ...	... ...	... ..	3·6 ·91	485·4 ...	24·6 ·91	67·4 ...	... ...	5·5 ·91	1·8 ...	2·7 ·91	·9 ...	13·7 ...	44·6 ·91	10·0 ...	2·7 ·91	15·5 ...	266·8 ...	1,320·6 8·20	74·7	68·3 ...	33·7 ...	28·2 ...	136·6 ...
„ Fulta	24	... ...	... ...	... ...	... ...	125·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	166·7 ...	375·0 ...	1·7	... ...	... ...	83·3 ...	83·3 ...
„ Chingrikhal.	68	... ...	... ...	... ...	14·7 ...	323·5 ...	... ...	... ...	... ...	... ...	14·7 ...	... ...	... ...	... ...	44·1 ...	... ...	... ...	... ...	102·9 ...	720·6 ...	3·2	... ...	14·7 ...	73·5 ...	14·7 ...
Dum-Dum	583	... ...	... ...	... ...	10·3 5·15	732·4 8·58	... ...	22·3 ...	... ...	6·9 3·43	18·9 1·72	3·4 1·72	5·1 1·72	17·2 ...	106·3 8·58	34·3 ...	13·7 10·29	18·9 ...	257·3 ...	1,833·6 48·03	99·5	6·9 ...	78·9 ...	68·6 ...	102·9 ...
Barrackpore	330	... ...	... ...	... ...	18·2 ...	1,209·1 ...	15·2 ...	78·8 ...	... ...	9·1 3·03	... ...	6·1 ...	9·1 3·03	33·3 3·03	230·3 9·09	39·4 ...	18·2 6·06	21·2 ...	381·8 ...	2,581·8 27·27	120·9	36·4 ...	133·3 ...	69·7 ...	142·4 ...
Group IV.—Bengal and Orissa.	* 2,103	... ...	... ...	... ...	8·1 1·90	658·1 2·38	15·2 ·48	53·7 ...	... ...	6·2 1·90	6·7 ·48	3·3 ·95	3·3 ·95	17·1 ·48	90·3 4·28	20·9 ...	8·1 4·28	16·6 ...	275·8 ...	1,630·5 21·87	† 85·7	43·3 ...	60·9 ...	48·0 ...	123·6 ...
B Dinapore	714	... ...	... ...	... ...	21·0 4·20	281·5 ...	1·4 ...	... ...	... ...	8·4 1·40	4·2 ...	7·0 2·80	2·8 ...	8·4 ...	12·6 ...	23·8 ...	2·8 1·40	15·4 ...	525·2 1·40	1,226·9 12·61	100·3	92·4 ...	109·2 ...	128·9 1·40	194·7 ...
Benares	373	... ...	... ...	... ...	10·7 2·68	311·0 2·68	13·4 ...	93·8 ...	... ...	... ...	34·9 2·68	... ...	2·7 ...	18·8 ...	8·0 ...	21·4 ...	2·7 ...	10·7 ...	437·0 ...	1,372·7 13·40	75·1	26·8 ...	134·0 ...	75·1 ...	201·1 ...
Allahabad	948	... ...	... ...	... ...	30·6 10·55	109·7 ...	2·1 ...	42·2 ...	... ...	5·3 1·05	7·4 ...	1·1 ...	2·1 ...	15·8 ...	27·4 2·11	9·5 ...	2·1 1·05	15·8 ...	490·5 ...	1,053·8 16·88	82·9	45·4 ...	135·0 ...	64·3 ...	245·8 ...
Fort Allahabad.	190	... ...	... ...	... ...	5·3 ..	463·2 ...	15·8 ...	10·5 ...	... ...	5·3 ...	5·3 ...	10·5 5·26	... ...	21·1 ...	5·3 ...	36·8 ...	... ...	... ...	400·0 ...	1,684·2 10·53	97·5	36·8 ...	78·9 ...	73·7 ...	210·5 ...
Fyzabad	713	... ...	... ...	... ...	8·4 4·21	244·0 ...	4·2 ...	... ...	... ...	1·4 1·40	25·2 ...	... ...	1·4 ...	36·5 ...	49·1 1·40	19·6 ...	... ...	12·6 ...	370·2 ...	1231·4 8·42	105·0	72·9 ...	46·3 ...	70·1 ...	180·9 ...
Sitapur	490	2·0 ...	... ...	... ...	8·2 ...	49·0 ...	... ...	34·7 ...	2·0 ...	... ...	4·1 ...	6·1 2·04	... ...	8·2 ...	14·3 2·04	4·1 ...	... ...	4·1 ...	285·7 ...	706·1 8·16	59·5	49·0 ...	61·2	89·8 ...	85·7 ...
Lucknow	2,512	4·0 ...	. ...	... ...	32·6 8·76	132·6 ...	·8 ...	58·9 ...	·4 ...	5·6 1·59	7·2 ·80	2·4 2·39	2·8 ·40	15·9 ...	35·8 ·80	12·3 ...	4·4 1·99	18·7 ...	318·5 ·40	1002·4 19·90	77·8	64·9 ...	56·5 ...	57·7 ·40	139·3 ...
Cawnpore	836	15·6 ...	... ...	... ...	16·7 2·39	270·3 ...	15·6 ...	70·6 ...	3·6 ...	2·4 1·20	16·7 ...	4·8 ...	1·2 ...	26·3 1·20	7·2 1·20	25·1 ...	2·4 2·39	26·3 ...	400·7 ...	1390·0 11·96	105·0	111·2 ...	20·3 ...	165·1 ...	104·1 ...
Fatehgarh	200	15·0 ...	... ...	... ...	5·0 5·00	495·0 ...	... ...	... ...	... ...	5·0 ...	15·0 ...	... ...	... ...	5·0 ...	55·0 ...	55·0 ...	... ...	55·0 ...	260·0 ...	1405·0 5·00	71·0	95·0 ...	15·0 ...	95·0 ...	55·0 ...
Group V.—Gangetic Plain and Chutia Nagpur.	* 6,976	3·9 ...	... ...	... ...	22·4 6·02	195·7 ·14	4·2 ...	43·2 ...	·7 ...	4·3 1·15	11·3 ·43	3·0 1·43	2·0 ·14	17·9 ·14	26·9 1·00	17·2 ...	2·6 1·29	17·3 ...	382·7 ·29	1131·3 14·76	† 85·7	68·4 ...	71·1 ...	84·7 ·29	158·5 ...

* Derived from the aggregates. † Worked on the aggregates.

TABLE III—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

		1. Admission-rate. 2. Death-rate.																						
STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A Shahjahanpur.	334	...	...	...	6·0	212·6	3·0	6·0	3·0	3·0	9·0	...	6·0	6·0	12·0	24·0	...	9·0	515·0	1,215·6	77·3	146·7	44·9	134·7	188·6
		...	...	...	2·99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·99		...	...	...	...
Bareilly	1,288	...	...	...	15·5	70·7	1·6	18·6	1·6	·8	19·4	5·4	8·5	16·3	46·6	9·3	·8	19·4	422·4	1,099·4	82·6	125·8	31·1	109·5	156·1
		...	...	...	3·11	...	...	...	...	...	...	...	·78	...	·78	...	1·55	...	...	7·76		...	...	...	...
Roorkee	375	...	...	...	...	82·7	5·3	...	5·3	...	13·3	8·0	5·3	18·7	21·3	8·0	2·7	16·0	354·7	781·3	75·0	58·7	122·7	80·0	93·3
		...	...	...	...	...	...	...	...	...	2·67	...	...	...	...	...	...	...	...	8·00		...	...	...	...
Meerut	1,826	...	...	...	24·6	366·4	...	20·8	...	·5	7·7	5·5	6·6	25·7	21·9	40·5	1·1	22·5	383·4	1,536·7	93·2	23·0	135·8	70·1	154·4
		...	...	...	9·31	·55	...	...	...	...	·55	1·64	·55	...	...	...	·55	...	...	14·79		...	...	...	...
Delhi.	331	...	...	...	30·2	673·7	45·3	...	6·0	3·0	3·0	3·0	...	6·0	12·1	...	...	3·0	401·8	1,679·8	80·2	42·3	114·8	63·4	181·3
		...	...	...	9·06	...	3·02	...	...	3·02	...	3·02	...	...	...	...	...	...	...	24·17		...	...	...	...
Umballa	1,783	2·2	...	...	32·0	138·5	·6	16·8	...	5·6	12·9	3·9	3·4	24·7	25·2	28·6	1·7	27·5	158·2	956·8	61·0	34·8	13·5	40·4	69·5
		...	...	...	8·97	...	...	...	...	·56	·56	·56	·56	·56	·56	...	1·68	...	1·12	17·39		...	...	1·12	...
B Jullundur	708	...	...	...	22·6	101·7	1·4	50·8	...	7·1	7·1	2·8	7·1	33·9	4·2	29·7	1·4	18·4	275·4	1,083·3	70·1	56·5	26·8	62·1	129·9
		...	...	...	7·06	1·41	...	...	...	2·82	...	...	1·41	...	...	...	1·41	...	...	14·12		...	...	...	...
Ferozepore.	919	...	...	...	25·0	504·9	1·1	42·4	2·2	2·2	23·9	2·2	7·6	56·6	29·4	41·3	2·2	17·4	292·7	1,590·9	78·0	79·4	37·0	59·8	116·4
		...	...	...	13·06	1·09	1·09	...	...	...	...	1·09	...	1·09	2·18	...	1·09	...	...	22·85		...	...	...	...
Amritsar	201	...	...	...	10·0	338·3	...	14·9	...	5·0	...	...	...	19·9	10·0	5·0	...	10·0	189·1	855·7	38·1	39·8	74·6	10·0	64·7
		...	...	...	4·98	...	...	...	...	4·98	...	...	...	...	...	...	...	...	...	9·95		...	...	...	...
Meean Meer	853	...	1·2	...	19·9	467·8	1·2	58·6	...	12·9	25·8	4·7	23·4	30·5	22·3	34·0	2·3	44·5	281·4	1,637·7	95·8	66·8	24·6	52·8	137·2
		...	1·17	...	5·86	1·17	...	...	...	...	1·17	...	4·69	...	1·17	...	1·17	...	...	18·76		...	...	...	...
Fort Lahore	91	...	...	...	22·0	428·6	11·0	22·0	...	11·0	...	...	...	...	33·0	...	...	11·0	230·8	1,197·8	53·8	44·0	...	44·0	142·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·99	21·98		...	...	10·99	...
Sialkot	1,039	1·0	...	...	14·4	255·1	21·2	1·9	...	2·9	9·6	1·0	7·7	10·6	8·7	20·2	2·9	9·6	228·1	1,152·1	61·5	54·9	15·4	65·4	92·4
		...	...	...	3·85	...	·96	...	...	·96	...	·96	·96	...	...	...	1·92	...	...	12·51		...	...	...	...
Rawalpindi.	2,577	·8	...	...	38·4	239·0	13·2	8·5	·4	2·7	6·6	2·7	5·8	29·9	21·7	13·2	·8	6·6	309·3	1,069·5	72·9	67·9	33·4	56·7	151·3
		...	...	...	7·37	...	·39	...	...	·39	·39	·39	1·16	...	...	...	...	...	...	11·64		...	...	...	...
Campbellpur	254	...	...	...	11·8	350·4	7·9	...	...	3·9	...	...	11·8	59·1	...	15·7	...	11·8	303·1	1,413·4	63·4	27·6	90·6	59·1	126·0
		...	...	...	...	...	3·94	...	...	...	...	...	3·94	...	...	...	...	...	...	11·81		...	...	...	...
Attock	172	...	...	...	11·6	383·7	69·8	...	...	29·1	23·3	...	5·8	11·6	17·4	23·3	5·8	17·4	290·7	1,314·0	64·6	29·1	34·9	34·9	191·9
		...	...	...	5·81	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17·44		...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	* 12,749	·5	·1	...	24·6	267·5	7·5	19·5	·8	3·9	11·8	3·5	7·2	26·2	22·2	23·5	1·4	17·9	305·0	1,225·8	† 75·3	60·9	59·5	64·5	120·0
		...	·08	...	6·90	·31	·39	...	...	·55	·39	·63	1·02	·16	·39	...	·86	...	·24	14·12		...	...	·24	...
A Nowshera	735	...	...	4·1	5·4	200·0	16·3	176·9	2·7	16·3	4·1	5·4	12·2	23·1	8·2	8·2	...	6·8	269·4	1,058·5	63·5	27·2	91·2	38·1	112·9
		...	...	...	2·72	...	1·36	...	...	2·72	...	...	...	...	...	...	...	...	...	9·52		...	...	...	...
Peshawar	1,621	1·2	...	4·3	25·3	301·7	70·3	124·0	1·9	11·7	3·7	2·5	19·7	47·5	13·6	18·5	1·9	3·7	227·6	1,266·5	65·0	16·0	35·2	43·2	133·3
		...	...	·62	9·87	...	...	...	...	...	...	1·23	3·08	...	·62	...	1·85	...	...	21·59		...	...	...	...
Mooltan	943	...	...	...	17·0	432·7	9·5	1·1	...	11·7	12·7	4·2	1·1	41·4	6·4	15·9	3·2	14·8	221·6	1,345·7	74·2	38·2	46·7	45·6	91·2
		...	...	...	10·60	2·12	1·06	...	...	1·06	...	...	...	...	...	...	2·12	...	...	22·27		...	...	...	...
C Hyderabad.	493	...	...	...	6·1	152·1	...	16·2	...	...	8·1	2·0	...	18·3	2·0	32·5	...	2·0	243·4	803·2	47·3	60·9	14·2	79·1	89·2
		...	...	...	6·09	...	...	...	...	...	2·03	...	...	...	...	...	...	...	...	10·14		...	...	...	...
Kurrachee.	989	8·1	...	...	7·1	207·3	...	...	1·0	1·0	11·1	...	1·0	14·2	13·1	17·2	...	4·0	227·5	843·3	39·3	24·3	56·6	72·8	73·8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·04		...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	* 4,781	2·1	...	2·1	14·9	276·9	28·2	71·1	1·3	9·0	7·5	2·7	9·0	32·6	10·0	17·6	1·3	6·3	234·5	1,114·8	† 59·4	28·4	48·3	52·7	105·0
		...	...	·21	6·48	·42	·42	...	...	·63	·21	·42	1·05	...	·21	...	1·05	...	...	15·06		...	...	...	...
A Deesa	264	...	...	...	34·1	280·3	...	18·9	3·8	3·8	26·5	...	...	11·4	7·6	15·2	...	15·2	329·5	1,155·3	72·4	34·1	72·0	109·8	113·6
		...	...	...	11·36	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11·36		...	...	...	...
Ahmedabad	221	...	...	...	4·5	493·2	13·6	...	...	...	4·5	13·6	9·0	22·6	13·6	45·2	4·5	22·6	466·1	1,696·8	89·0	58·8	167·4	95·0	144·8
		...	...	...	4·52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·05		...	...	...	...
B Neemuch	290	...	...	...	27·6	117·2	13·8	...	...	...	3·4	...	...	13·8	34·5	...	...	6·9	396·6	1,044·8	84·2	17·2	34·5	69·0	275·9
		...	...	...	13·79	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20·69		...	...	...	...
Nasirabad	838	...	...	...	50·1	134·8	11·9	1·2	1·2	3·6	8·4	1·2	1·2	35·8	28·6	13·1	...	14·3	174·2	874·7	50·0	25·1	27·4	33·4	88·3
		...	...	...	11·93	...	...	...	...	1·19	1·19	...	...	...	...	...	...	...	...	17·90		...	...	...	...
Muttra	364	...	...	...	44·0	233·5	...	33·0	...	11·0	8·2	...	2·7	5·5	30·2	41·2	2·7	11·0	321·4	1,120·9	73·6	54·9	27·5	57·7	181·3
		...	...	...	13·74	...	...	...	...	2·75	...	...	...	...	...	...	2·75	...	...	19·23		...	...	...	...
Agra.	1,215	...	...	...	27·2	181·9	5·8	29·6	2·5	2·5	11·5	2·5	3·3	38·7	18·1	9·9	...	11·5	384·4	1,029·6	95·3	99·6	64·2	71·6	149·0
		...	...	...	8·23	·82	...	...	...	...	1·65	...	...	...	...	...	·82	...	...	12·35		...	...	...	...

* Derived from the aggregates.

† Worked on the aggregates.

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly Sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Jhansi	871	...	...	...	37·9	164·2	...	10·3	...	11·5	5·7	3·4	2·3	21·8	32·1	10·3	2·3	6·9	430·5	1075·8	77·1	40·2	118·3	72·3	199·8
		...	...	...	8·04	...	...	...	...	2·30	1·15	1·15	1·15	1·15	2·30	...	1·15	...	...	21·81		...	...	...	
Nowgong	296	...	...	...	16·9	442·6	20·3	37·2	...	...	6·8	...	6·8	13·5	6·8	37·2	6·8	33·8	314·2	1402·0	75·3	37·2	84·5	50·7	141·9
		...	...	...	6·76	...	...	...	...	...	...	...	...	...	...	...	3·38	...	...	10·14		...	...	...	...
Indore	119	...	...	...	...	294·1	25·2	25·2	8·4	...	...	...	...	...	...	...	...	33·6	243·7	958·0	40·7	8·4	42·0	109·2	84·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Mhow	1,672	...	...	·6	29·3	284·1	29·3	16·7	...	...	19·7	1·2	1·8	15·6	16·1	43·7	3·0	16·7	270·3	1263·8	83·4	19·7	77·8	85·5	87·3
		...	...	...	8·37	...	...	...	...	...	·60	..	...	...	·60	...	2·39	...	...	13·16		...	...	...	...
Group VIII.—South-East Rajputana, Central India, and Gujarat.	* 6,151	...	...	·2	31·9	230·9	13·3	17·1	1·0	3·4	11·9	2·0	2·4	22·8	21·0	23·6	1·8	14·5	322·5	1130·5	† 78·3	43·7	71·5	71·5	135·8
		...	...	...	9·10	·16	...	...	...	·65	·81	·16	·16	·16	·49	...	1·30	...	...	14·96		...	...	...	...
A Saugor	361	...	...	...	2·8	501·4	24·9	...	2·8	...	13·9	2·8	2·8	63·7	30·5	2·8	...	49·9	775·6	1856·0	107·1	210·5	146·8	188·4	229·9
		...	...	...	...	...	...	...	...	...	2·77	...	2·77	...	...	...	...	...	...	5·54		...	...	...	...
Jubbulpore	836	...	...	...	31·1	378·0	31·1	1·2	...	7·2	26·3	2·4	7·2	29·9	56·2	20·3	3·6	50·2	401·9	1631·6	103·5	31·1	145·9	90·9	134·0
		...	...	...	5·98	...	...	...	...	...	...	1·20	...	...	2·39	...	1·20	...	...	14·35		...	...	...	...
Kamptee	1,057	1·9	...	...	11·4	186·4	7·6	56·8	·9	16·1	2·8	...	7·6	6·6	12·3	25·5	·9	2·8	306·5	1109·7	81·8	31·2	93·7	54·9	126·8
		...	...	...	4·73	...	·95	...	...	2·84	...	...	·95	...	...	...	·95	...	...	10·41		...	...	...	...
Sitabaldi	59	...	...	...	...	135·6	...	33·9	...	33·9	...	...	...	16·9	16·9	16·9	...	...	186·4	627·1	6·4	16·9	84·7	...	84·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
B Secunderabad.	2,862	7·7	...	...	16·8	63·6	4·5	13·3	...	3·1	7·3	2·8	3·8	29·0	39·1	3·8	1·0	8·7	456·7	989·2	76·4	60·1	178·5	65·3	152·7
		...	...	...	3·14	...	...	...	...	...	·35	·35	·70	...	·70	...	1·05	...	1·05	10·48		...	...	1·05	...
Belgam	1,123	187·0	...	...	7·1	237·8	·9	...	1·8	1·8	14·2	7·1	...	18·7	23·2	11·6	...	30·3	418·5	1367·8	75·4	34·7	142·5	134·5	106·9
		...	...	...	3·56	...	...	...	...	...	·89	...	...	...	...	...	...	...	...	4·45		...	...	...	...
Satara	179	...	...	...	...	424·6	...	...	...	...	16·8	...	5·6	...	11·2	...	...	16·8	352·0	1078·2	81·0	44·7	83·8	78·2	145·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Poona	1,884	2·7	...	...	9·0	222·4	1·6	76·4	1·1	1·6	9·6	1·1	4·8	14·9	21·2	19·6	3·2	7·4	302·0	1057·9	68·1	33·4	56·3	62·6	149·7
		...	...	...	2·12	...	...	...	...	...	·53	...	...	...	...	...	1·06	...	...	5·84		...	...	...	...
Kirkee	745	16·1	...	1·3	43·0	316·8	14·8	...	...	4·0	5·4	...	1·3	14·8	8·1	6·7	5·4	9·4	218·8	1069·8	56·2	24·2	38·9	44·3	111·4
		...	...	...	5·37	...	...	...	...	...	...	...	...	...	...	...	4·03	...	...	12·08		...	...	...	...
Ahmednagar	833	129·7	...	...	66·0	240·1	6·0	8·4	7·2	2·4	7·2	1·2	3·6	26·4	16·8	42·0	3·6	7·2	320·5	1312·1	95·1	48·0	68·4	110·4	93·6
		1·20	...	...	10·80	...	...	...	...	...	...	1·20	1·20	...	1·20	...	1·20	...	...	18·01		...	...	...	...
Group IX.—Deccan.	* 9,939	36·1	...	·1	20·0	209·5	7·6	25·4	1·2	4·4	9·9	2·2	4·0	22·2	27·4	14·8	2·0	15·3	381·3	1185·9	† 78·4	47·9	116·4	80·2	136·8
		·10	...	...	4·02	...	·10	...	...	·30	·40	·30	·50	...	·50	...	1·11	...	·30	9·56		...	...	·30	...
Colaba	1,266	...	...	...	7·9	179·3	·8	3·2	1·6	·8	11·1	5·5	3·2	22·9	9·5	23·7	1·6	16·6	334·1	944·7	73·0	126·4	15·8	61·6	130·3
		...	...	...	1·58	...	...	...	...	...	...	...	·79	...	...	...	·79	...	...	8·69		...	...	...	...
Cannanore	100	...	...	...	...	30·0	30·0	50·0	...	...	...	...	...	40·0	...	...	...	10·0	360·0	810·0	56·7	40·0	70·0	80·0	170·0
		...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·00		...	...	...	...
Calicut	99	...	...	...	...	...	...	181·8	...	...	...	...	...	30·3	30·3	10·1	...	50·5	383·8	1020·2	53·1	...	252·5	20·2	111·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10·10		...	...	...	...
Mallapuram	147	...	...	...	6·8	61·2	...	47·6	6·8	6·8	13·6	6·8	...	13·6	13·6	...	...	...	360·5	870·7	62·9	34·0	20·4	115·6	190·5
		...	...	...	6·80	...	...	...	6·80	...	...	...	...	...	...	...	...	...	...	13·61		...	...	...	...
Group X.—Western Coast.	* 1,611	...	...	...	6·8	148·4	2·5	21·1	1·9	1·2	9·9	5·0	2·5	23·6	10·6	19·2	1·2	16·8	341·4	934·8	† 69·8	104·9	34·1	65·2	137·2
		...	...	...	1·86	...	...	...	·62	...	...	...	·62	...	...	...	·62	...	...	9·31		...	...	...	...
A Bellary	633	...	...	...	6·3	1063·2	...	25·3	...	...	7·9	4·7	1·6	11·1	36·3	...	1·6	14·2	385·5	1946·3	103·0	45·8	86·9	113·7	139·0
		...	...	...	4·74	...	...	...	...	...	...	...	...	...	1·58	...	1·58	...	1·58	18·96		...	...	1·58	...
Bangalore	1,614	...	...	...	36·6	47·1	4·3	53·3	1·2	...	7·4	·6	3·7	19·8	52·0	13·0	4·3	47·7	387·9	1158·6	86·3	145·0	13·0	86·1	143·7
		...	...	...	7·43	...	...	...	...	...	1·24	...	...	...	·62	...	3·72	...	·62	17·35		...	...	·62	...
Pallavaram	40	...	...	...	25·0	100·0	...	50·0	...	...	...	...	...	...	...	...	...	...	375·0	1300·0	58·3	50·0	100·0	25·0	200·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
St. Thomas' Mount.	306	...	...	...	...	94·8	6·5	9·8	...	6·5	9·8	16·3	...	19·6	13·1	22·9	6·5	19·6	268·0	1045·8	61·6	29·4	81·7	58·8	98·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·54	...	...	13·07		...	...	...	...
Madras	602	1·7	...	...	1·7	159·5	15·0	141·2	...	1·7	6·6	...	1·7	13·3	6·6	13·3	...	13·3	383·7	1413·6	48·0	98·0	56·5	36·5	192·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	1·66	...	...	...	...	3·32		...	...	...	...
Group XI.—Southern India.	* 3,194	·3	...	...	20·4	274·9	5·6	60·1	·6	·9	7·5	2·8	2·5	16·6	36·0	11·3	3·1	31·3	375·1	1354·1	† 79·7	104·3	43·5	78·9	148·4
		...	...	...	4·70	...	...	...	...	...	·63	...	...	...	·94	...	2·82	...	·63	14·40		...	...	·63	...

* Derived from the aggregates.

† Worked on the aggregates.

TABLE III.—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table IV.

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Ranikhet .	1,031	54·3	...	...	29·1	35·9	2·9	57·2	14·5	...	3·9	4·8	3·9	8·7	25·2	31·0	5·8	7·8	309·4	913·7	70·9	128·0	1·0	87·3	93·1
		...	...	...	4·85	...	...	...	...	...	1·94	·97	...	...	...	...	1·94	...	...	11·64		...	...	...	...
Chaubuttia .	329	...	...	...	12·2	48·6	...	15·2	12·2	...	12·2	6·1	...	15·2	15·2	21·3	...	24·3	282·7	738·6	54·1	21·3	6·1	209·7	45·6
		...	...	...	3·04	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·04		...	...	...	...
Chakrata .	1,149	58·3	...	...	64·4	26·1	8·7	28·7	7·8	...	20·9	3·5	3·5	11·3	14·8	3·5	·9	12·2	269·8	859·0	61·3	59·2	85·3	51·3	74·0
		...	...	...	8·70	...	...	...	...	...	·87	...	·87	...	1·74	...	...	...	...	12·18		...	...	...	...
Lebong .	290	...	...	...	...	72·4	3·4	...	...	...	27·6	...	3·4	41·4	3·4	10·3	...	17·2	172·4	610·3	41·4	31·0	41·4	86·2	13·8
		...	...	...	...	...	...	...	...	...	3·45	...	3·45	...	...	...	...	...	...	6·90		...	...	...	...
Solon .	175	45·7	...	...	28·6	91·4	40·0	5·7	11·4	...	...	...	...	5·7	85·7	22·9	...	5·7	588·6	1,371·4	63·4	91·4	280·0	45·7	171·4
		...	...	...	5·71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11·43		...	...	...	...
Dagshai .	652	...	...	...	29·1	322·1	13·8	33·7	...	...	4·6	...	3·1	9·2	26·1	19·9	4·6	9·2	177·9	964·7	56·1	36·8	23·0	46·0	72·1
		...	...	...	4·60	...	...	...	...	...	1·53	...	1·53	...	1·53	...	3·07	...	...	12·27		...	...	...	...
Subathu .	583	...	...	...	42·9	132·1	6·9	12·0	...	1·7	5·1	...	5·1	12·0	39·5	6·9	10·3	13·7	78·9	706·7	45·3	10·3	1·7	22·3	44·6
		...	...	...	5·15	...	...	...	...	...	1·72	...	...	...	...	...	5·15	...	...	18·87		...	...	...	...
Jutogh .	187	37·4	...	...	32·1	160·4	...	21·4	...	...	10·7	10·7	10·7	69·5	48·1	155·1	10·7	10·7	117·6	1,401·1	69·0	32·1	...	48·1	37·4
		...	...	...	...	...	...	...	...	...	...	5·35	...	...	...	...	5·35	...	...	10·70		...	...	...	...
Khyragully .	60	...	...	...	33·3	83·3	33·3	...	...	...	33·3	...	...	...	...	16·7	...	33·3	416·7	1,133·3	56·3	66·7	83·3	116·7	150·0
		...	...	...	16·67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·67		...	...	...	...
Baragully .	50	...	...	...	20·0	100·0	20·0	...	...	...	20·0	...	...	...	...	40·0	...	20·0	440·0	1,260·0	77·8	40·0	60·0	120·0	220·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Kuldunnah .	444	...	...	...	24·8	94·6	...	...	...	...	2·3	...	...	...	...	9·0	...	4·5	234·2	637·4	39·3	123·9	...	36·0	74·3
		...	...	...	4·50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·50		...	...	...	...
Kalabagh .	47	...	...	...	127·7	148·9	...	...	...	21·3	42·6	...	...	21·3	...	...	...	...	212·8	1,127·7	68·9	21·3	...	42·6	148·9
		...	...	...	42·55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	42·55		...	...	...	...
Camp Gharial	466	...	...	...	6·4	105·2	10·7	...	...	...	8·6	2·1	2·1	12·9	40·8	...	...	4·3	150·2	515·0	26·4	4·3	38·6	27·9	79·4
		...	...	...	2·15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·29		...	...	...	...
Camp Thobba	278	...	...	...	28·8	140·3	...	...	39·6	...	...	...	7·2	3·6	25·2	18·0	...	10·8	230·2	715·8	33·0	122·3	7·2	18·0	82·7
		...	...	...	...	...	...	...	...	...	...	...	3·60	...	...	...	...	...	...	3·60		...	...	...	...
Camp Upper Topa.	262	...	...	...	30·5	61·1	7·6	...	...	...	11·5	...	3·8	7·6	3·8	15·3	...	...	198·5	725·2	35·2	87·8	3·8	22·9	84·0
		...	...	...	11·45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15·27		...	...	...	...
Camp Lower Topa.	67	...	...	...	...	194·0	29·9	...	...	...	...	...	...	14·9	...	...	...	14·9	74·6	820·9	32·7	14·9	...	...	59·7
		...	...	...	...	14·93	...	...	...	...	...	...	...	...	...	...	...	...	...	14·93		...	...	...	...
Ghora Dhaka	79	...	...	...	...	113·9	...	...	...	...	...	...	...	12·7	...	...	12·7	25·3	265·8	708·9	29·5	...	126·6	50·6	88·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12·66	...	...	12·66		...	...	...	...
Cherat .	569	...	...	...	21·1	275·9	40·4	45·7	...	...	7·0	3·5	...	14·1	17·6	40·4	1·8	12·3	121·3	917·4	52·4	5·3	26·4	42·2	47·5
		...	...	...	3·51	...	...	...	...	...	1·76	1·76	...	...	1·76	...	...	...	...	10·54		...	...	...	...
Lundi Kotal.	385	23·4	...	...	7·8	85·7	2·6	...	...	...	26·0	...	23·4	46·8	...	...	...	...	75·3	516·9	33·1	10·4	7·8	20·8	36·4
		...	...	...	2·60	...	...	...	...	...	...	...	2·60	...	...	...	...	...	...	7·79		...	...	...	...
Quetta .	2,405	...	...	...	10·8	69·4	4·6	2·5	·4	·4	7·9	·4	21·2	45·3	15·0	18·3	1·7	20·4	239·1	915·6	63·9	23·3	98·5	29·1	88·1
		...	...	...	2·08	...	...	...	...	...	1·25	·42	3·33	...	·42	...	·42	...	·42	10·39		...	...	·42	...
Ramandrug	16	...	...	...	...	500·0	...	62·5	...	...	62·5	...	...	...	...	62·5	...	...	625·0	1,812·5	58·8	125·0	62·5	312·5	125·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Group XII *a*—Hill Stations.	* 9,525	15·4	...	...	25·5	103·6	8·5	17·2	4·4	·3	10·0	1·8	8·4	22·4	19·5	18·9	2·5	12·7	222·0	845·2	† 54·7	47·8	49·7	49·2	75·4
		...	...	...	4·20	·10	...	...	...	...	1·05	·42	1·36	...	·52	...	1·05	...	·10	10·50		...	...	·10	...
Darjeeling .	312	...	...	...	6·4	320·5	6·4	...	3·2	...	3·2	3·2	...	6·4	25·6	6·4	9·6	19·2	192·3	830·1	65·2	32·1	12·8	118·6	28·8
		...	...	...	...	3·21	...	...	...	...	...	...	...	...	...	...	...	...	...	9·62		...	...	...	...
Naini Tal .	124	8·1	...	...	24·2	80·6	8·1	8·1	...	...	16·1	...	...	8·1	16·1	...	8·1	32·3	185·5	701·6	42·3	...	16·1	88·7	80·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8·06	...	...	8·06		...	...	...	...
Landour .	167	...	...	...	18·0	311·4	...	...	6·0	...	18·0	...	6·0	6·0	24·0	6·0	12·0	29·9	341·3	1,119·8	100·8	53·9	143·7	113·8	29·9
		...	...	...	5·99	...	...	...	...	...	...	...	5·99	...	...	...	5·99	...	...	23·95		...	...	...	...
Kasauli .	362	...	...	...	38·7	408·8	...	...	...	...	30·4	2·8	2·8	41·4	33·1	44·2	2·8	71·8	356·4	2,298·3	114·4	60·8	2·8	154·7	138·1
		...	...	...	8·29	...	...	...	...	...	8·29	...	2·76	...	...	...	...	...	...	24·86		...	...	...	...
Dalhousie .	819	...	...	...	33·0	229·5	7·3	...	2·4	...	17·1	4·9	6·1	9·8	7·3	29·3	...	8·5	184·4	855·9	59·4	26·9	4·9	83·0	69·6
		...	...	...	6·11	...	...	...	...	...	...	...	1·22	...	...	...	...	...	...	12·21		...	...	...	...
Murree .	75	13·3	...	...	26·7	120·0	...	13·3	...	...	40·0	...	...	26·7	...	...	...	...	173·3	800·0	167·5	53·3	...	53·3	66·7
		...	...	...	26·67	...	...	13·33	...	...	...	13·33	...	13·33	...	...	...	...	...	93·33		...	...	...	...
Taragarh .	47	...	...	...	63·8	170·2	63·8	148·9	...	...	...	...	...	63·8	42·6	106·4	...	21·3	468·1	1,510·6	105·7	42·6	...	255·3	170·2
		...	...	...	21·28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	42·55		...	...	...	...
Mount Abu	91	...	...	...	11·0	76·9	...	33·0	...	...	11·0	...	11·0	...	...	11·0	...	54·9	153·8	527·5	39·2	11·0	...	98·9	44·0
		...	...	...	10·99	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21·98		...	...	...	...
Pachmarhi .	124	...	...	...	...	395·2	...	...	...	...	...	...	...	...	...	8·1	...	24·2	419·4	1,250·0	71·5	137·1	80·6	40·3	161·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...

* Derived from the aggregates.   † Worked on the aggregates.

Stations, Groups, and Commands.	Average annual strength.	1. Admission-rate. 2. Death-rate.																							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Purandhur .	108	... ...	... ...	... ...	18·5 9·26	166·7 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	46·3 ...	27·8 ...	... ...	... ...	18·5 ...	129·6 ...	777·8 9·26	44·5	... ...	9·3 ...	74·1 ...	46·3 ...
Khandalla .	39	... ...	... ...	... ...	25·6 ...	282·1 ...	25·6 ...	... ...	... ...	... ...	25·6 ...	51·3 ...	... ...	76·9 ...	51·3 ...	25·6 ...	... ...	... ...	461·5 ...	1,307·7 ...	106·7	25·6 ...	... ...	282·1 ...	153·8 ...
Wellington .	1,004	2·0 ...	... ...	... ..	13·9 2·99	108·6 ...	12·9 1·00	27·9 ...	3·0 ...	... ...	23·9 1·00	3·0 ...	4·0 ...	105·6 ...	27·9 ...	... ...	... ...	17·9 ...	288·8 1·99	1,355·6 6·97	87·1	35·9 ...	20·9 ...	128·5 1·99	103·6 ...
Group XII *b*—Hill Convalescent Depôts, and Sanitaria.	* 3,272	1·2 ...	... ...	... ...	22·0 5·20	216·7 ·31	7·9 ·31	12·2 ·31	2·1 ...	...	18·3 1·22	3·4 ·31	3·7 ·92	44·6 ·31	20·5 ...	15·6 ...	2·1 ·92	23·5 ...	257·6 ·61	1,190·7 14·06	† 79·1	37·9 ...	20·5 ...	112·8 ·61	86·5 ...
Troops marching, Bengal.	577	... ...	... ...	... ...	8·7 ...	79·7 ...	3·5 ...	3·5 ...	... ...	... ...	3·5 ...	1·7 ...	10·4 ...	8·7 ...	19·1 ...	10·4 ...	... ...	8.7 ...	348·4 ...	804·2 1·73	8·8	43·3 ...	124·8 ...	36·4 ...	143·8 ...
Troops marching, Punjab.	625	... ...	... ...	... ...	3·2 ...	72·0 ...	8·0 ...	1·6 ...	1·6 ...	... 1·60	4·8 ...	... ...	6·4 ...	20·8 ...	8·0 ...	51·2 ...	... ...	8·0 ...	105·6 ...	486·4 3·20	3·1	24·0 ...	12·8 ...	9·6 ...	59·2 ...
Troops marching, Madras.	29	1034·5 ...	... ...	... ...	... ...	344·8 34·48	... ...	69·0 ...	... ...	... 34·48	... ...	... ...	... ...	34·5 ...	69·0 ...	69·0 ...	... ...	... ...	241·4 ...	2,517·2 68·97	13·8	34·5 ...	137·9 ...	... ...	69·0 ...
Troops marching, Bombay.	208	... ...	... ...	... ...	4·8 ...	115·4 ...	4·8 ...	... ...	... ...	... ...	... ...	... ...	9·6 ...	9·6 ...	24·0 4·81	14·4 ...	... ...	19·2 ...	240·4 ...	673·1 4·81	3·5	28·8 ...	67·3 ...	48·1 ...	96·2 ...
Deolali Depôt.	558	... ...	... ...	... ...	25·1 5·38	258·1 ...	3·6 ...	5·4 ...	7·2 ...	... ...	71·7 1·79	57·3 5·38	7·2 1·79	43·0 ...	35·8 ...	9·0 ...	7·2 ...	25·1 ...	532·3 ...	1,627·2 23·30	75·5	55·6 ...	52·0 ...	292·1 ...	132·6 ...
Poonamallee Depôt.	155	... ...	... ...	... ...	6·5 ...	77·4 ...	6·5 ...	25·8 ...	6·5 ...	6·5 6·45	51·6 ...	12·9 12·90	6·5 ...	64·5 ...	154·8 6·45	... ...	19·4 6·45	103·2 ...	374·2 ...	1,464·5 32·26	463·9	25·8 ...	25·8 ...	277·4 ...	45·2 ...
Aden . .	1,095	... ...	... ...	... ...	6·4 1·83	448·4 ...	21·9 ...	150·7 ...	... ...	4·6 ·91	4·6 1·83	... ...	... ...	17·4 ...	67·6 1·83	4·6 ...	1·8 1·83	29·2 ...	131·5 ...	1,305·9 11·87	67·3	11·9 ...	21·9 ...	40·2 ...	57·5 ...
India .	* 67,697	10·0 ·01 ·3	·01 ·01 ...	·2 ·01 ...	20·6 5·14 3·1	235·2 ·28 8·6	9·7 ·16 ·8	32·0 ·01 1·5	1·5 ·01 ·2	3·3 ·50 ·1	10·7 ·56 1·1	3·1 ·56 ·6	5·1 ·66 ·4	24·0 ·09 1·3	25·4 ·65 1·8	17·7 ... ·6	2·3 1·26 ·3	17·0 ... 1·2	313·4 ·21 27·3	1,148·7 12·75 73·0§	† 73·0	57·4 ... 5·6	63·1 ·01 4·8	71·9 ·19 7·5	121·1 ... 9·4
Bengal .	* 21,278	7·1 ...	... ...	... ...	22·8 5·50	247·8 ·42	7·0 ·09	30·4 ...	2·2 ...	3·3 ·75	11·3 ·66	3·3 ·89	3·8 ·47	19·2 ·14	32·4 1·08	18·0 ...	2·8 1·46	18·0 ...	364·9 ·09	1,191·1 13·82	† 80·9	66·9 ...	76·5 ...	81·0 ·09	140·6 ...
Punjab .	* 18,080	1·9 ...	·1 ·06	·6 ·06	24·9 6·64	247·1 ·33	15·3 ·33	32·0 ·06	1·3 ...	5·0 ·55	10·5 ·50	2·5 ·50	7·6 1·16	27·2 ·17	18·0 ·39	23·0 ...	1·9 1·11	13·9 ...	226·7 ·17	1,085·1 14·82	† 62·1	45·0 ...	30·3 ...	48·8 ·17	102·6 ...
Madras .	* 12,876	27·5 ...	... ...	·2 ...	12·1 3·03	219·9 ·31	7·1 ·16	38·5 ...	·9 ·08	1·9 ·23	8·9 ·39	3·3 ·39	2·6 ·16	28·7 ...	30·8 ·62	5·6 ...	2·1 1·48	22·8 ...	397·8 ·62	1,259·2 10·10	† 81·9	83·7 ...	91·2 ·08	91·3 ·54	131·6 ...
Bombay .	* 15,462	8·7 ·06	... ...	·1 ...	19·4 4·66	216·9 ...	9·0 ·06	28·8 ...	1·3 ...	2·5 ·32	11·5 ·65	3·4 ·32	5·9 ·78	22·9 ...	20·0 ·39	21·3 ...	2·1 ·97	14·3 ...	273·6 ·06	1,072·9 11·06	† 67·4	36·8 ...	59·7 ...	70·2 ·06	107·0 ...
Lucknow‡ .	2,512	·1	...	...	4·8	5·9	·1	4·1	·1	·2	1·2	·5	·2	1·1	3·2	·5	·6	1·3	31·3	77·8	77·8	6·6	4·7	7·3	12·8
Rawalpindi .	2,577	...	...	...	5·8	10·3	1·0	1·1	·1	·3	·4	·4	·3	1·6	1·8	·8	·4	1·7	22·1	72·9	72·9	7·6	1·4	5·2	7·9
Quetta .	2,405	...	...	...	2·6	4·1	·7	·1	...	...	1·0	...	2·6	2·5	1·6	·5	·5	1·4	20·3	63·9	63·9	2·4	8·0	3·1	6·9
Secunderabad	2,862	·7	...	...	5·3	3·2	·6	1·2	...	·1	1·3	1·4	·4	2·0	2·7	·2	1·0	·7	38·6	76·4	76·4	7·2	9·6	8·3	13·6

* Derived from the aggregates. † Worked on the aggregates. § Including Lundi Kotal, which is excluded under the individual diseases.
‡ Constantly sick-rate per 1,000 by diseases at the largest stations.

TABLE IV.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
		1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.																								
Port Blair	141	...	...	...	1	36	...	19	...	...	...	...	...	2	2	...	...	2	18	124	2	2	8	6	...	...
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·06	2·41	...	·82	...	...	...	...	...	·03	·11	...	...	·06	1·11	6·38	·18	·22	·48	·23	...	...
Rangoon	1,065	45	...	2	6	190	8	70	1	...	3	7	4	26	22	6	...	32	466	1,302	133	102	65	166	1	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	6	...	...	...	...	...	...
		1·75	...	·28	1·21	5·97	·47	2·68	·14	...	·05	·58	·53	·86	·99	·19	...	1·55	38·60	81·68	12·19	6·99	7·81	11·61	·02	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,206*	45	...	2	7	226	8	89	1	...	3	7	4	28	24	6	...	34	484	1,426	135	104	73	172	1	...
		...	...	...	3	1	...	...	...	...	...	...	...	...	2	...	...	...	...	8	...	...	...	...	...	...
		1·75	...	·28	1·27	8·38	·47	3·50	·14	...	·05	·58	·53	·89	1·10	·19	...	1·61	39·71	88·06	12·37	7·21	8·29	11·84	·02	...
Thayetmyo	601	...	...	...	4	33	3	70	1	...	3	...	1	14	4	2	6	4	254	640	103	22	50	79	1	...
		...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	2	...	1	7	...	1	...	...	...	...
		...	...	...	·82	·81	·25	2·37	·07	...	·40	·03	·05	·88	·16	·10	·18	·53	23·00	41·72	8·60	2·73	5·25	6·42	·03	...
Meiktila	399	24	...	...	3	20	...	6	...	...	...	...	...	1	10	...	1	5	128	285	32	6	41	49	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	...	...	...	...
		·49	...	...	·29	2·73	...	·49	...	...	...	...	...	·16	·36	...	·07	·33	10·37	22·03	3·30	·62	3·41	3·04	...	...
Fort Dufferin	1,030	14	...	...	1	716	7	36	...	8	8	3	4	14	28	...	...	46	543	2,039	125	155	1·38	125	7	...
		...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		·38	...	...	·12	23·58	·49	1·12	...	·26	1·61	·23	·36	1·74	1·30	...	...	2·54	39·11	109·28	10·81	10·49	10·02	7·79	·20	...
Shwebo	610	6	...	...	2	102	24	...	...	...	1	2	1	17	10	...	4	6	171	641	59	8	71	33	7	...
		...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	3	...	...	7	...	...	...	...	...	...
		·16	...	...	·25	3·04	1·20	...	...	...	·06	·22	·14	1·12	·56	...	·18	·27	13·81	37·15	4·46	1·13	5·14	3·08	·51	...
Bhamo	301	...	...	...	2	256	1	...	...	1	3	...	...	13	8	...	...	...	75	490	28	4	8	35	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·45	6·94	·16	...	...	·10	·08	...	...	·35	·45	...	...	...	4·63	17·76	1·94	·13	·44	2·12	...	...
GROUP II.—BURMA INLAND.	2,942*	44	...	...	12	1,127	35	112	1	9	15	5	6	59	60	2	11	61	1,171	4,095	347	195	308	321	15	...
		...	...	...	4	2	1	...	...	1	...	2	...	...	...	...	6	...	1	23	...	1	...	...	...	...
		1·03	...	...	1·93	37·10	2·10	3·98	·07	·36	2·15	·48	·55	4·25	2·83	·10	·43	3·67	90·92	227·94	29·11	15·10	24·26	22·45	·74	...
Fort William	1,098	...	...	...	4	533	27	74	...	6	2	3	1	15	49	11	3	17	293	1,450	75	37	31	150	1	...
		...	...	...	1	...	1	...	...	1	...	1	...	...	1	...	1	...	...	9	...	...	...	...	...	...
		...	...	...	·75	19·80	1·10	2·73	...	·52	·12	·25	·02	·89	2·78	·58	·44	1·69	26·07	82·03	6·54	4·00	3·95	11·58	·01	...
Fort Fulta	24	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	4	9	...	...	2	2	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·01	...	...	...	...	...	...	...	...	...	...	...	...	·02	·04	...	...	·01	·01	...	...
Fort Chingrikhal	68	...	...	...	1	22	...	...	...	...	1	...	...	...	3	...	...	...	7	49	...	1	5	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·09	...	...	...	...	...	...	...	...	·05	...	...	...	·02	·22	...	...	·02	...	...	...
Dum-Dum	583	...	...	...	6	427	...	13	...	4	11	2	3	10	62	20	8	11	150	1,069	4	46	40	60	5	...
		...	...	...	3	5	...	...	...	2	1	1	1	...	5	...	6	...	...	28	...	...	...	...	...	...
		...	...	...	·93	16·89	·07	·72	...	·13	·81	·62	·21	·56	2·96	·81	·60	·87	12·95	58·03	·53	3·56	3·42	5·44	·13	...
Barrackpore	330	...	...	...	6	399	5	26	...	3	...	2	3	11	76	13	6	7	126	852	12	44	23	47	...	1
		...	...	...	...	...	...	...	...	1	...	...	1	1	3	...	2	...	...	9	...	...	...	...	...	...
		...	...	...	·71	12·72	·61	·60	...	·06	·04	·90	·25	·64	4·35	·54	·77	·31	9·27	39·89	1·14	3·06	2·29	2·78	...	·0
GROUP IV.—BENGAL AND ORISSA.	2,103*	...	...	...	17	1,384	32	113	...	13	14	7	7	36	190	44	17	35	580	3,429	91	128	101	260	6	
		...	...	...	4	5	1	...	...	4	1	2	2	1	9	...	9	...	...	46	...	...	...	...	...	...
		...	...	...	2·39	49·51	1·78	4·05	...	·71	·97	1·77	·48	2·09	10·14	1·93	1·81	2·87	48·33	180·21	8·21	10·62	9·69	19·81	·14	·0
B. Dinapore	714	...	...	...	15	201	1	...	...	6	3	5	2	6	9	17	2	11	375	876	66	78	92	139	...	...
		...	...	...	3	...	...	...	...	1	...	3	...	...	...	...	1	...	1	9	...	...	1	...	...	...
		...	...	...	1·90	8·50	·45	...	...	·15	·40	1·09	·30	·47	·86	·84	·80	·54	43·10	71·61	9·24	9·28	11·26	13·32	...	...
Benares	373	...	...	...	4	116	5	35	...	...	13	...	1	7	3	8	1	4	163	512	10	50	28	75	2	...
		...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		...	...	...	·79	2·81	·70	1·08	...	...	1·30	...	·06	·20	·40	·34	·05	·19	12·72	28·01	·97	4·33	1·84	5·58	·21	...
Allahabad	948	...	...	...	29	104	2	40	...	5	7	1	2	15	26	9	2	15	465	999	43	128	61	233	1	...
		...	...	...	10	...	...	...	...	1	...	...	...	...	2	...	1	...	...	16	...	...	...	...	...	...
		...	...	...	3·36	3·84	·30	1·82	...	·21	·83	·55	·33	·50	1·89	·35	·27	·74	41·51	78·57	4·79	12·02	5·83	18·87	·02	...
Fort Allahabad	190	...	...	...	1	88	3	2	...	1	1	2	...	4	1	7	...	...	76	320	7	15	14	40	2	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·31	3·21	·48	·03	...	·04	·02	·29	...	·17	·03	·15	...	...	6·20	18·53	·83	1·02	·88	3·47	·05	...
Fyzabad	713	...	...	...	6	174	3	...	...	1	18	...	1	26	35	14	...	9	264	878	52	33	50	129	...	...
		...	...	...	3	...	...	...	...	1	...	...	...	...	1	...	...	...	...	6	...	...	...	...	...	...
		...	...	...	2·00	7·88	·49	...	...	·01	4·50	·08	·13	1·17	3·99	·62	·84	·43	26·19	74·83	4·97	3·24	6·29	11·69	...	...
Sitapur	490	1	...	...	4	24	...	17	1	...	2	3	...	4	7	2	...	2	140	346	24	30	44	42	...	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	4	...	...	...	...	...	...
		·16	...	...	·71	·94	...	·50	·30	...	·53	1·48	...	·13	·27	·06	...	·10	12·85	29·14	2·05	2·49	5·52	2·79	...	...
Lucknow	2,512	10	...	...	82	333	2	148	1	14	18	6	7	40	90	31	11	47	800	2,518	163	142	145	350	3	...
		...	...	...	22	...	...	...	...	4	2	6	1	...	2	...	5	...	1	50	...	...	1	...	...	...
		·35	...	...	12·17	14·87	·25	10·31	·16	·57	2·93	1·21	·46	2·76	7·99	1·21	1·52	3·31	78·72	195·47	16·61	11·79	18·25	32·07	·10	...
Cawnpore	836	13	...	...	14	226	13	59	3	2	14	4	1	22	6	21	2	22	335	1,162	93	17	138	87	...	...
		...	...	...	2	...	...	...	...	1	...	...	...	1	1	...	2	...	...	10	...	...	...	...	...	...
		·30	...	...	2·26	8·96	1·27	2·26	·64	·02	1·89	·73	·16	2·03	·59	·85	·20	1·83	38·62	87·75	10·50	1·41	17·85	8·86	...	...
Fatehgarh	200	3	...	...	1	99	...	...	...	1	3	...	...	1	11	11	...	11	52	281	19	3	19	11	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		·14	...	...	·05	2·66	·06	...	...	·03	·46	·04	...	·03	1·24	·25	...	·82	4·20	14·20	1·26	·22	2·02	·70	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,976*	27	...	...	156	1,365	29	301	5	30	79	21	14	125	188	120	18	121	2,670	7,892	477	496	591	1,106	8	...
		...	...	...	42	1	...	...	...	8	3	10	1	1	7	...	9	...	2	103	...	...	2	...	...	...
		·95	...	...	23·55	53·67	4·00	16·00	1·10	1·03	12·86	5·47	1·44	7·46	17·26	4·67	3·68	7·96	264·11	598·11	51·22	45·80	69·74	97·35	·38	...

* Derived from the agg regates.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A																										
Shahjahanpur	334	...	...	...	2	71	1	2	1	1	3	...	...	2	4	8	...	3	172	406	49	15	45	63	...	...
		...	...	...	1	..	...	...	...	...	...	...	...	...	...	...	..	...	...	1	...	...	...	...	...	...
		...	...	...	·30	2·41	·08	·03	·23	·06	·22	·02	·06	·10	·43	·26	·07	·13	14·44	25·81	4·39	1·33	3·48	5·24	...	...
Bareilly	1,288	...	...	...	20	91	2	24	2	1	25	7	11	21	60	12	1	25	544	1,416	162	40	141	201	1	...
		...	...	...	4	...	...	...	...	...	...	...	1	...	1	...	2	...	...	10	...	...	...	...	...	...
		...	...	...	2·55	3·04	·15	1·98	·47	·02	2·17	·69	·59	1·21	3·80	·29	·49	2·01	54·02	106·33	17·93	4·19	15·01	16·89	·02	...
Roorkee	375	...	...	...	...	31	2	...	2	...	5	3	2	7	8	3	1	6	133	293	22	46	30	35	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	·62	1·47	·10	...	·12	...	·38	·66	·38	·65	1·17	·10	·07	·25	14·15	28·12	2·07	3·84	3·29	4·95	·02	...
Meerut	1,826	...	...	...	45	669	...	58	...	1	14	10	12	47	40	74	2	41	700	2,806	42	248	128	282	2	...
		...	...	...	17	1	...	...	...	...	1	3	1	...	...	...	1	...	...	27	...	...	...	...	...	...
		...	...	...	3·38	20·30	·01	3·63	·12	·04	1·60	2·42	1·15	1·64	3·72	2·26	·31	3·24	67·63	170·21	4·86	22·87	15·39	24·51	·05	...
Delhi	331	...	...	...	10	223	15	...	2	1	1	1	...	2	4	...	...	1	133	556	14	38	21	60	...	...
		...	...	...	3	...	1	...	...	1	...	1	...	...	...	...	...	...	...	8	...	...	...	...	...	...
		...	...	...	·99	8·00	·78	...	·04	·01	·11	·01	...	·14	·31	...	...	·09	8·78	26·54	1·19	2·69	1·45	3·45	...	...
Umballa	1,783	4	...	...	57	247	1	30	...	10	23	7	6	44	45	51	3	49	282	1,705	62	24	72	124	18	...
		...	...	...	16	...	...	...	...	1	1	1	1	1	1	...	3	...	2	31	...	...	2	...	...	...
		·15	...	...	10·90	4·80	·33	3·40	...	·41	2·08	1·12	·71	1·36	2·96	1·69	·54	3·61	24·09	108·85	4·44	1·56	9·56	8·53	·40	...
B																										
Jullundur	708	...	...	...	16	72	1	36	...	5	5	2	5	24	3	21	1	13	195	767	40	19	44	92	3	2
		...	...	...	5	1	...	...	...	2	...	...	1	..	...	...	1	...	...	10	...	...	...	...	...	...
		...	...	...	2·59	2·47	·19	1·01	...	·17	·35	·28	·41	1·28	·13	·93	·08	·90	15·34	49·62	4·16	1·28	3·30	6·60	·60	·32
Ferozepore	919	...	...	...	23	464	1	39	2	2	22	2	7	52	27	38	2	16	269	1,462	73	34	55	107	6	...
		...	...	...	12	1	1	...	...	...	...	1	...	1	2	...	1	...	...	21	...	...	...	...	...	...
		...	...	...	2·16	14·34	·12	1·88	·19	·10	2·05	·88	·47	2·87	1·20	1·02	·05	1·14	20·78	71·72	5·96	2·69	3·95	8·18	·17	...
Amritsar	201	...	...	...	2	68	...	3	...	1	...	...	...	4	2	1	...	2	38	172	8	15	2	13	1	...
		...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·18	2·13	...	·11	...	·02	...	...	...	·10	·08	·01	·08	·04	2·81	7·66	·92	·92	·10	·87	·02	...
Meean Meer	853	...	1	...	17	399	1	50	...	11	22	4	20	26	19	29	2	38	240	1,397	57	21	45	117	4	...
		...	1	...	5	1	...	...	...	...	1	...	4	...	1	...	1	...	...	16	...	...	...	...	...	...
		..	·01	...	2·58	17·67	·06	1·57	...	·40	1·45	·70	2·01	1·41	1·13	1·34	·14	2·24	18·84	81·68	5·32	1·82	5·57	6·13		...
Fort Lahore	91	...	...	...	2	39	1	2	...	1	...	...	...	...	3	...	...	1	21	109	4	...	4	13	...	...
		...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	...	...	...
		..	...	...	·17	1·43	·02	·04	...	·05	...	...	...	...	·17	...	...	·01	1·44	4·90	·40	...	·25	·79	...	...
Sialkot	1,039	1	...	...	15	265	22	2	...	3	10	1	8	11	9	21	3	10	237	1,197	57	16	68	96	3	...
		...	...	...	4	...	1	...	...	1	...	1	1	...	...	...	2	...	...	13	...	...	...	...	...	...
		·02	...	...	1·55	7·81	1·78	·03	...	·04	1·87	·06	·50	·88	·69	·87	·08	1·05	19·58	63·95	5·16	1·74	5·92	6·76	·12	...
Rawalpindi	2,577	2	...	...	99	616	34	22	1	7	17	7	15	77	56	34	2	17	797	2,756	175	86	146	390	4	...
		...	...	...	19	...	1	...	...	1	1	1	3	...	...	...	...	...	...	30	...	...	...	...	...	...
		·04	...	...	14·93	26·64	2·48	2·95	·26	·87	1·13	·98	·78	4·03	4·63	1·99	·96	4·38	56·89	187·74	19·48	3·55	13·47	20·39	·08	...
Campbellpur	254	...	...	...	3	89	2	...	...	1	...	...	3	15	...	4	...	3	77	359	7	23	15	32	...	...
		...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	·36	2·18	·04	...	...	·04	...	...	·29	·57	...	·05	...	·20	5·82	16·11	·69	1·70	1·12	2·31	...	...
Attock	172	...	...	...	2	66	12	...	...	5	4	...	1	2	3	4	1	3	50	226	5	6	6	33	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	·55	1·88	·46	...	...	·13	·28	...	·04	·09	·12	·08	·06	·32	3·61	11·11	·57	·70	·66	1·68	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	*12,749	7	1	...	313	3,410	95	248	10	50	151	44	92	334	283	300	18	228	3,888	15,628	777	631	822	1,658	42	2
		...	1	...	88	4	5	...	...	7	5	8	13	2	5	...	11	...	3	180	...	...	3	...	...	...
		·21	·01	...	43·81	116·57	6·60	16·63	1·43	2·36	13·69	7·82	7·39	16·33	20·54	10·89	2·93	19·61	328·22	960·35	77·54	50·88	82·52	117·28	1·61	·32
A																										
Nowshera	735	...	...	3	4	147	12	130	2	12	3	4	9	17	6	6	...	5	198	778	20	67	28	83	2	...
		...	...	...	2	...	1	...	...	2	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...
		...	...	·33	·54	5·31	·46	3·49	·16	·35	·19	·47	·85	·90	·41	·31	...	·35	19·89	46·67	2·97	6·14	2·65	8·13	·05	...
Peshawar	1,621	2	...	7	41	489	114	201	3	19	6	4	32	77	22	30	3	6	369	2,053	26	57	70	216	1	...
		...	...	1	16	...	...	...	...	...	...	2	5	...	1	...	3	...	...	35	...	...	...	...	...	...
		·04	...	·70	4·62	14·10	5·21	4·86	·23	·98	1·26	·47	2·89	3·91	1·72	1·21	·18	·32	27·52	105·37	2·00	3·37	7·39	14·76	·01	...
Mooltan	943	...	...	...	16	408	9	1	...	11	12	4	1	39	6	15	3	14	209	1,259	36	44	43	86	1	...
		...	...	...	10	2	1	...	...	1	...	...	...	...	...	...	2	...	...	21	...	...	...	...	...	...
		...	...	...	1·73	17·66	·80	·01	...	·78	1·07	·73	·03	2·14	·37	·53	·22	·95	16·85	69·93	3·19	2·72	4·81	6·13	·02	...
C																										
Hyderabad	493	...	...	...	3	75	...	8	...	...	4	1	...	9	1	16	...	1	120	396	30	7	39	44	...	...
		...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		...	...	...	·36	1·61	...	·39	·02	...	·22	·13	...	·41	·05	·43	...	·45	11·99	23·34	3·72	1·01	3·04	4·22	...	...
Kurrachee	989	8	...	...	7	205	...	...	1	1	11	...	1	14	13	17	...	4	225	834	24	56	72	73	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		·15	...	·08	·67	5·75	...	...	·11	·20	·65	·09	·05	·39	·43	·32	...	·38	17·32	38·87	1·91	3·52	5·63	6·26	...	...
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	4,781*	10	...	10	71	1,324	135	340	6	43	36	13	43	156	48	84	6	30	1,121	5,330	136	231	252	502	4	...
		...	...	1	31	2	2	...	...	3	1	2	5	...	1	...	5	...	...	72	...	...	...	...	...	...
		·19	...	1·11	7·92	44·43	6·47	8·75	·52	2·31	3·39	1·89	3·82	7·75	2·98	2·80	·40	2·45	93·57	284·18	13·79	16·76	23·52	39·50	·08	...

* Derived from the aggregates.

EUROPEAN TROOPS, 1899.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the Ratios in Tables I—III have been calculated.

1. Admissions. 2. Deaths. 3. Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A Deesa	264	...	...	...	9	74	...	5	1	1	7	...	...	3	2	4	...	4	87	305	9	19	29	30	...	...
		...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...
		...	...	...	1·81	2·62	...	·44	·04	·02	·57	...	...	·11	·13	·07	...	·28	7·82	19·11	·87	1·89	2·58	2·48	...	...
Ahmedabad	221	...	...	...	1	109	3	...	...	...	1	3	2	5	3	10	1	5	103	375	13	37	21	32	...	2
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·08	2·45	·24	...	...	...	·10	·27	·20	·19	·21	·32	·17	·32	9·40	19·66	2·11	3·38	2·14	1·77	...	·09
B Neemuch	290	...	...	...	8	34	4	...	...	...	1	...	...	4	10	...	...	2	115	303	5	10	20	80	1	...
		...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...
		...	...	...	1·20	1·40	·74	...	...	...	·62	·22	...	·36	·68	...	...	·08	10·95	24·42	·64	·92	2·33	7·06	·02	...
Nasirabad	838	...	...	...	42	113	10	1	1	3	7	1	1	30	24	11	...	12	146	733	21	23	28	74	5	...
		...	...	...	10	...	...	...	...	1	1	...	...	...	...	...	...	...	...	15	...	...	...	...	...	...
		...	...	...	5·40	4·10	·73	·05	·10	·10	·50	·16	·17	1·14	1·35	·28	...	·70	9·68	41·88	2·04	1·23	1·96	4·45	·10	...
Muttra	364	...	...	...	16	85	...	12	...	4	3	...	1	2	11	15	1	4	117	408	20	10	21	66	1	...
		...	...	...	5	...	...	...	...	1	...	...	...	...	...	...	1	...	...	7	...	...	...	...	...	...
		...	...	...	1·54	3·98	...	·47	...	·17	·24	·11	·09	·17	·38	·32	·06	·30	13·00	26·78	3·82	·94	1·84	6·40	·01	...
Agra	1,215	...	...	...	33	221	7	36	3	3	14	3	4	47	22	12	...	14	467	1,251	121	78	87	181	5	...
		...	...	...	10	1	...	...	...	...	2	...	...	...	...	...	1	...	...	15	...	...	...	...	...	...
		...	...	...	5·04	13·09	·85	3·57	·12	·12	1·76	·60	·27	2·23	2·43	·30	...	1·34	53·12	115·83	15·83	7·08	13·85	16·36	·24	...
Jhansi	871	...	...	...	33	143	...	9	...	10	5	3	2	19	28	9	2	6	375	937	35	103	63	174	3	...
		...	...	...	7	...	...	...	...	2	1	1	1	1	2	...	1	...	...	19	...	...	...	...	...	...
		...	...	...	1·70	7·07	...	·59	...	·32	·87	·31	·14	·87	1·74	·32	·16	·26	32·63	67·18	3·63	7·12	7·88	14·00	·12	...
Nowgong	296	...	...	...	5	131	6	11	...	...	2	...	2	4	2	11	2	10	93	415	11	25	15	42	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	...	...	...	...
		...	...	...	·47	5·98	·81	·42	...	...	·15	...	·08	·12	·06	·34	·15	·67	6·43	22·30	1·27	1·44	1·09	2·63	...	...
Indore	119	...	...	...	...	35	3	3	1	...	...	...	...	...	...	...	...	4	29	114	1	5	13	10	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	1·03	·07	·08	·06	...	...	...	...	...	...	..	...	·13	1·35	4·84	·04	·29	·61	·41	...	...
Mhow	1,672	...	...	1	49	475	49	28	...	...	33	2	3	26	27	73	5	28	452	2,113	33	130	143	146	7	...
		...	...	..	14	...	...	...	...	...	1	...	...	...	1	...	4	...	...	22	...	...	...	...	...	...
		...	...	·02	7·26	18·90	2·54	1·42	...	...	4·73	·35	·41	1·57	2·44	1·80	·90	1·81	46·90	139·38	3·65	11·84	17·98	13·43	·21	...
GROUP VIII—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	6,151*	...	...	1	196	1,420	82	105	6	21	73	12	15	140	129	145	11	89	1,984	6,954	269	440	440	835	22	2
		...	...	...	56	1	...	...	...	4	5	1	1	1	3	...	8	...	...	92	...	...	...	...	...	...
		...	...	·02	24·50	60·62	5·98	7·04	·32	·73	9·54	2·02	1·36	6·76	9·42	3·75	1·44	5·89	191·28	481·38	33·90	35·13	52·26	68·99	·70	·09
A Saugor	361	...	...	...	1	181	9	...	1	...	5	1	1	23	11	1	...	18	280	670	76	53	68	83	...	...
		...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·31	7·06	·75	...	·23	...	·32	·06	·06	1·29	·51	·04	...	·83	19·79	38·68	6·54	3·61	4·01	5·63	...	...
Jubbulpore	836	...	...	...	26	316	26	1	...	6	22	2	6	25	47	17	3	42	336	1,364	26	122	76	112	7	...
		...	...	...	5	...	...	...	...	...	...	1	...	...	2	...	1	...	...	12	...	...	...	...	...	...
		...	...	...	1·87	7·39	1·85	·02	...	·04	1·56	1·04	·44	3·02	3·01	1·06	·01	4·71	23·52	86·53	2·37	8·89	5·05	7·21	·89	...
Kamptee	1,057	2	...	...	12	197	8	60	1	17	3	...	8	7	13	27	1	3	324	1,173	33	99	58	134	5	...
		...	...	...	5	...	1	...	...	3	...	...	1	...	...	...	1	...	...	11	...	...	...	...	...	...
		·07	...	...	2·25	9·23	·55	4·60	·15	1·09	·44	...	·73	·76	1·10	1·05	·12	·16	31·30	86·46	2·91	9·13	6·94	12·32	·16	...
Sitabaldi	59	...	...	...	...	8	...	2	...	2	...	...	...	1	1	1	...	...	11	37	1	5	...	5	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	·08	...	·04	...	·01	...	...	...	·01	·01	·01	...	...	·08	·38	·01	·04	...	·03	...	...
B Secunderabad	2,862	22	...	...	48	182	13	38	...	9	21	8	11	83	112	11	3	25	1,307	2,831	172	511	187	437	2	1
		...	...	...	9	...	...	...	...	...	1	1	2	...	2	...	3	...	3	30	...	...	3	...	...	...
		1·95	...	...	15·06	9·10	1·62	3·48	...	·28	3·83	4·03	1·01	5·76	7·72	·62	2·80	2·07	110·57	218·74	20·53	27·42	23·81	38·81	·19	·04
Belgam	1,123	210	...	...	8	267	1	...	2	2	16	8	...	21	26	13	...	34	470	1,536	39	160	151	120	7	...
		...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		6·06	...	...	·75	7·50	·05	...	·30	·10	1·42	·66	...	·81	1·69	·18	·03	1·14	39·18	84·62	3·45	13·24	14·89	7·60	·17	...
Satara	179	...	...	...	...	76	...	...	...	...	3	...	1	...	2	...	...	3	63	193	8	15	14	26	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	2·54	...	...	...	...	·50	...	·08	...	·11	...	...	·37	8·60	14·50	1·69	1·28	3·50	2·13	...	...
Poona	1,884	5	...	...	17	419	3	144	2	3	18	2	9	28	40	37	6	14	569	1,993	63	106	118	282	4	...
		...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	2	...	...	11	...	...	...	...	...	...
		·23	...	...	2·91	15·46	·32	6·32	·30	·16	1·39	·84	·56	1·75	2·80	1·29	·63	·94	52·63	128·23	7·06	8·52	12·79	24·26	·12	...
Kirkee	745	12	...	1	32	236	11	...	...	3	4	...	1	11	6	5	4	7	163	797	18	29	33	83	1	...
		...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	3	...	...	9	...	...	...	...	...	...
		·47	...	·07	5·15	5·97	·73	...	...	·19	·16	...	·13	·45	·30	·11	·27	·45	13·63	41·85	1·31	1·90	4·57	5·85	·01	...
Ahmednagar	833	108	...	...	55	200	5	7	6	2	6	1	3	22	14	35	3	6	267	1,093	40	57	92	78	...	...
		1	...	...	9	...	...	...	...	...	...	1	1	...	1	...	1	...	...	15	...	...	...	...	...	...
		4·09	...	...	7·73	7·56	·35	·55	·72	·12	·77	·28	·11	1·65	1·00	1·15	·37	·90	32·31	79·22	3·81	4·68	16·54	7·28	...	...
GROUP IX.—DECCAN	* 9,939	359	...	1	199	2,082	76	252	12	44	98	22	40	221	272	147	20	152	3,790	11,687	476	1,157	797	1,360	26	1
		1	...	...	40	...	1	...	...	3	4	3	5	...	5	...	11	...	3	95	...	...	3	...	...	...
		12·87	...	·07	36·03	71·89	6·22	14·98	1·70	1·99	10·39	6·91	3·12	15·50	18·25	5·51	4·23	11·57	331·61	779·21	49·68	78·71	92·10	111·12	1·54	·04
Colaba	1,266	...	...	...	10	227	1	4	2	1	14	7	4	29	12	30	2	21	423	1,196	160	20	78	165	3	...
		...	...	...	2	...	...	...	...	...	...	...	1	...	...	...	1	...	...	11	...	...	...	...	...	...
		·03	...	...	1·56	9·87	·32	·15	·80	·04	1·11	2·12	·97	1·80	·66	1·07	·01	1·23	44·30	92·36	16·36	3·79	6·94	17·21	·10	...
Cannanore	100	...	...	...	...	3	3	5	...	...	...	...	...	4	...	...	...	1	36	81	4	7	8	17	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	·09	·40	·18	...	...	...	...	...	·07	...	...	...	·03	2·64	5·67	·39	·38	·99	·88	...	...
Calicut	99	...	...	...	...	...	...	18	...	...	...	...	...	3	3	1	...	5	38	101	...	25	2	11	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	...	...	·63	...	...	·05	...	...	·05	·16	·05	...	·12	2·74	5·26	...	1·72	·47	·55	...	...
Mallapuram	147	...	...	...	1	9	...	7	1	1	2	1	...	2	2	...	...	...	53	128	5	3	17	28	...	...
		...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	..	·04	·21	·16	·12	·23	·01	·04	·06	...	·13	·17	...	...	...	4·11	9·25	·46	·55	1·42	1·68	...	...
GROUP X—WESTERN COAST.	1,611*	...	...	...	11	239	4	34	3	2	16	8	4	38	17	31	2	27	550	1,506	169	55	105	221	3	...
		...	...	...	3	...	...	...	1	...	...	...	1	...	...	...	1	...	...	15	...	...	...	...	...	...
		·03	...	...	1·60	10·17	·88	1·08	1·03	·05	1·20	2·18	·97	2·05	·99	1·12	·01	1·38	53·79	112·54	17·21	6·44	9·82	20·32	·10	

* Derived from the aggregates.

1. Admissions. 2. Deaths. 3, Constantly sick.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
A																										
Bellary	633	...	...	...	4	673	...	16	...	...	5	3	1	7	23	...	1	9	244	1,232	29	55	72	88	...	...
		...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	1	...	1	12	...	...	1	...	...	...
		...	...	...	·83	29·45	...	·88	...	...	·83	...	...	·37	1·31	...	·08	·52	17·96	65·21	3·19	·57	8·32	5·88	...	...
Bangalore	1,614	...	...	...	59	76	7	86	2	...	12	1	6	32	84	21	7	77	626	1,870	234	21	139	232	2	...
		...	...	...	12	...	...	...	...	...	2	...	...	...	1	...	6	...	1	28	...	...	1	...	...	...
		...	...	...	12·02	3·60	·90	4·85	·30	...	·96	·07	·16	1·67	6·40	·62	·79	5·41	58·90	139·29	22·17	2·20	14·35	20·18	·03	...
B																										
Pallavaram	40	...	...	...	1	4	...	2	...	...	...	...	...	...	...	...	...	...	15	52	2	4	1	8	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·01	·11	...	·05	...	...	...	...	...	...	...	...	...	...	1·28	2·33	·23	·23	·15	·67	·02	...
St. Thomas' Mount	306	...	...	...	...	29	2	3	...	2	3	5	...	6	4	7	2	6	82	320	9	25	18	30	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	4	...	...	...	...	...	...
		...	...	...	...	·76	·12	·04	...	·04	·47	·45	...	·30	·18	·19	·01	·45	6·61	18·85	·75	1·98	1·37	2·51	·02	...
Madras	602	1	...	...	1	96	9	85	...	1	4	...	1	8	4	8	...	8	231	851	59	34	22	116	4	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...
		·07	...	...	·14	5·27	·85	1·78	...	·04	·12	...	·11	·19	·26	·14	...	·32	6·51	28·87	1·40	1·12	·76	3·23	·18	...
Group XI.—Southern India.	* 3,194	1	...	...	65	878	18	192	2	3	24	9	8	53	115	36	10	100	1,198	4,325	333	139	252	474	9	...
		...	...	...	15	...	...	...	...	...	2	...	...	...	3	...	9	...	2	46	...	...	2	...	...	...
		·07	...	...	13·00	39·19	1·87	7·60	·30	·08	2·38	·52	·27	2·53	8·15	·95	·88	6·70	91·26	254·55	27·74	6·10	24·95	32·47	·25	...
Ranikhet	1,031	56	...	...	30	37	3	59	15	...	4	5	4	9	26	32	6	8	319	942	132	1	90	96	1	...
		...	...	...	5	...	...	...	...	...	2	1	...	...	...	...	2	...	...	12	...	...	...	...	...	...
		2·23	...	...	5·30	1·01	·36	2·50	2·34	...	·44	·87	·43	·65	2·29	·98	·86	·61	33·73	73·13	9·82	·27	13·78	9·86	·01	...
Chaubuttia	329	...	...	...	4	16	...	5	4	...	4	2	...	5	5	7	...	8	93	243	7	2	69	15	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·70	·41	...	·55	·79	...	·31	·67	...	·18	·43	·20	...	·40	8·79	17·79	·71	·13	6·90	1·05	...	...
Chakrata	1,149	67	...	...	74	30	10	33	9	...	24	4	4	13	17	4	1	14	310	987	68	98	59	85	3	...
		...	...	...	10	...	...	...	...	...	1	...	1	...	2	...	...	...	...	14	...	...	...	...	...	...
		1·51	...	...	10·93	·80	·48	1·00	1·08	...	2·07	1·04	·26	·52	·57	·07	·03	·99	28·08	70·43	6·76	8·95	4·97	7·39	·14	...
Lebong	290	...	...	...	...	21	1	...	...	...	8	...	1	12	1	3	...	5	50	177	9	12	25	4	...	...
		...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	...	1·24	·20	...	...	...	·74	...	·03	·61	·07	·07	...	·35	4·46	12·01	·80	1·34	2·18	·14	...	...
Solon	175	8	...	...	5	16	7	1	2	...	...	...	...	1	15	4	...	1	103	240	16	49	8	30	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		·34	...	...	·40	·68	·73	·01	23	...	...	...	...	·02	·45	·03	...	·03	5·36	11·09	1·09	2·06	·38	1·83	...	...
Dagshai	652	...	...	...	19	210	9	22	...	...	3	...	2	6	17	13	3	6	116	629	24	15	30	47	2	...
		...	...	...	8	...	...	...	...	...	1	...	1	...	1	...	2	...	...	8	...	...	...	...	...	...
		...	...	...	3·35	6·39	1·45	1·76	...	...	·11	...	·10	·40	1·35	·41	·14	·83	10·63	36·59	2·41	1·75	3·55	2·92	·03	...
Subathu	583	...	...	...	25	77	4	7	...	1	3	...	3	7	23	4	6	8	46	412	6	1	13	26	10	...
		...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	3	...	...	11	...	...	...	...	...	...
		...	...	...	4·30	2·50	·27	·38	...	·02	·17	·04	·18	·64	1·90	·12	·89	·68	3·88	26·42	·53	·03	1·93	1·39	·26	...
Jutogh	187	7	...	...	6	30	...	4	...	...	2	2	2	13	9	29	2	2	22	262	6	...	9	7	...	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...
		·22	...	...	1·67	1·02	...	·23	...	...	·11	·07	·22	·40	·71	1·01	·20	·11	2·00	12·91	·50	...	1·09	·41	...	...
Khyragully	60	...	...	...	2	5	2	...	...	...	2	...	...	...	...	1	...	2	25	68	4	5	7	9	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·18	·22	·11	...	...	...	·07	...	...	...	...	·01	...	·06	1·37	3·38	·07	·34	·43	·53	...	...
Baragully	50	...	...	...	1	5	1	...	...	...	1	...	...	...	...	2	...	1	22	63	2	3	6	11	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	·24	·08	·02	...	...	...	·09	...	...	...	...	·02	...	·08	1·97	3·89	·49	·28	·32	·88	·03	...
Kuldunnah	444	...	...	...	11	42	...	...	...	...	1	...	...	...	...	4	...	2	104	283	55	...	16	33	2	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	1·86	1·39	...	...	...	...	·04	...	...	...	...	·06	...	·09	9·80	17·41	4·14	·01	3·10	2·55	·03	...
Kalabagh	47	...	...	...	6	7	...	...	...	1	2	...	...	1	...	...	...	...	10	53	1	...	2	7	...	...
		...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·71	·24	...	...	...	·02	·15	...	...	·06	...	...	...	...	1·11	3·24	·04	...	·20	·87	...	...
Camp Gharial	466	...	...	...	3	49	5	...	...	...	4	1	1	6	19	...	...	2	70	240	2	18	13	37	...	...
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	·38	1·80	·41	...	...	...	·07	·01	·21	·22	·98	...	...	·11	4·31	12·29	·44	·78	·97	2·12	...	...
„ Thobba	278	...	...	...	8	39	...	...	11	...	...	...	2	1	7	5	...	3	64	199	34	2	5	23	...	...
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	·87	1·14	...	...	·95	...	...	...	·12	·02	·24	·11	...	·13	3·24	9·18	1·65	·05	·24	1·30	...	...
„ Upper Topa	262	...	...	...	8	16	2	...	...	...	3	...	1	2	1	4	...	...	52	190	23	1	6	22	1	...
		...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
		...	...	...	1·07	·30	·06	...	...	...	·13	...	·02	·22	·04	·07	...	...	3·38	9·21	1·77	·01	·40	1·20	·02	...
„ Lower Topa	67	...	...	...	...	13	2	...	...	...	...	...	...	1	...	...	...	1	5	55	1	...	...	4	...	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
		...	...	...	...	·38	·30	...	...	...	...	...	...	·02	...	...	...	·07	·11	2·19	·07	...	...	·04	...	...
Ghora Dhaka	79	...	...	...	...	9	...	...	...	...	...	...	...	1	...	...	1	2	21	56	...	10	4	7	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
		...	...	...	...	·15	...	...	...	...	...	...	...	·02	...	...	...	·11	1·19	2·33	...	·50	·37	·32	...	...
Cherat	569	...	...	...	12	157	23	26	...	...	4	2	...	8	10	23	1	7	69	522	3	15	24	27	5	...
		...	...	...	2	...	...	...	...	...	1	1	...	...	1	...	...	...	...	6	...	...	...	...	...	...
		...	...	...	1·62	7·08	1·56	1·23	...	·05	·48	·31	...	·47	·83	1·06	·13	·36	5·64	29·83	·22	1·30	2·28	1·84	·11	...

* Derived from the aggregates.

TABLE IV—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables I—III have been calculated.

1. ADMISSIONS. 2. DEATHS. 3. CONSTANTLY SICK.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
Lundi Kotal	385	9	... ...	... ...	3 1 ...	33	1	... ...	... ...	... ...	10	... ...	9 1 ...	18	... ...	... ...	... ...	... ...	29	199 3 12·76†	4	3	8	14	... ...	... ...
Quetta	2,405	... ...	... ...	... ...	26 5 6·20	167 ... 9·84	11 ... 1·68	6 ... ·28	1 ... ·12	1 ... ·08	19 3 2·50	1 1 ·04	51 8 6·19	109 ... 5·98	36 1 3·82	44 ... 1·29	4 1 1·15	49 ... 3·30	575 1 48·84	2,202 25 153·76	56 ... 5·67	237 ... 19·18	70 1 7·42	212 ... 16·57	... ...	... ...
Ramandrug	16	... ...	... ...	... ...	... ...	8 ... ·17	... ...	1 ... ·03	... ...	... ...	1 ... ·07	... ...	... ...	... ...	... ...	1 ... ·04	... ...	... ...	10 ... ·29	29 ... ·94	2 ... ·07	1 ... ·02	5 ... ·17	2 ... ·03	... ...	... ...
GROUP XIIa.—HILL STATIONS.	*9,525	147 ... 4·30	... ...	... ...	243 40 39·78	987 1 36·84	81 ... 7·63	164 ... 7·97	42 ... 5·51	3 ... ·17	95 10 7·55	17 4 3·05	80 13 7·76	213 ... 10·43	186 5 13·68	180 ... 5·55	24 10 3·40	121 ... 8·32	2,115 1 178·18	8,051 100 520·81	455 ... 37·25	473 ... 37·01	469 1 50·68	718 ... 53·24	25 ... ·63	... ...
Darjeeling	312	... ...	... ...	... ...	2 ... ·31	100 1 5·07	2 ... ·79	... ...	1 ... ·05	... ...	1 ... ·33	1 ... ·40	... ...	2 ... ·15	8 ... ·42	2 ... ·05	3 1 ·52	6 ... ·73	60 ... 6·53	259 3 20·35	10 ... 1·16	4 ... ·35	37 ... 4·54	9 ... ·48	... ...	... ...
Naini Tal	124	1 ... ·02	... ...	... ...	3 ... ·71	10 ... ·34	1 ... ·06	1 ... ·03	... ...	... ...	2 ... ·22	... ...	... ...	1 ... ·02	2 ... ·14	... ...	1 1 12	4 ... ·22	23 ... 1·49	87 1 5·25	... ...	2 ... ·06	11 ... ·70	10 ... ·73	... ...	... ...
Landour	167	... ...	... ...	... ...	3 1 ·55	52 ... 2·04	... ...	... ...	1 ... ·49	... ...	3 ... ·41	... ...	1 1 ·01	1 ... ·17	4 ... ·17	1 ... ·11	2 1 ·17	5 ... ·40	57 ... 7·28	187 4 16·83	9 ... 1·43	24 ... 3·22	19 ... 1·54	5 ... 1·09	1 ... ·02	... ...
Kasauli	362	... ...	... ...	... ...	14 3 4·43	148 ... 4·44	... ...	... ...	... ...	... ... ·02	11 3 ·85	1 ... ·46	1 1 ·03	15 ... ·97	12 ... 1·12	16 ... ·62	1 ... ·15	26 ... 1·13	129 ... 8·45	832 9 41·40	22 ... 1·23	1 ... ·12	56 ... 3·99	50 ... 3·11	3 ... ·09	... ...
Dalhousie	819	... ...	... ...	... ...	27 5 5·30	188 ... 8·08	6 ... ·62	... ...	2 ... ·33	... ...	14 ... 1·18	4 ... ·93	5 1 ·67	8 ... 1·21	6 ... ·32	24 ... 1·21	... ...	7 ... ·59	151 ... 11·75	701 10 48·68	22 ... 1·75	4 ... ·49	68 ... 5·48	57 ... 4·03	2 ... ·04	... ...
Murree	75	1 ... ·05	... ...	... ...	2 2 1·81	9 ... 1·79	... ... ·11	1 1 ·06	... ... ·37	... ...	3 ... ·49	... 1 ·19	... ... ·02	2 1 ·51	... ...	... ... ·01	... ... ·04	... ... ·05	13 ... 2·89	60 7 12·56	4 ... ·79	... ... ·21	4 ... 1·32	5 ... ·57	... ...	... ...
Taragarh	47	... ...	... ...	... ...	3 1 ·41	8 ... ·29	3 ... ·31	7 ... ·33	... ...	... ...	... ...	... ...	... ...	3 ... ·09	2 ... ·12	5 ... ·14	... ...	1 ... ·05	22 ... 2·67	71 2 4·97	2 ... ·19	... ...	12 ... 1·88	8 ... ·60	... ...	... ...
Mount Abu	91	... ...	... ...	... ...	1 1 ·08	7 ... ·21	... ...	3 ... ·31	... ...	... ... ·02	1 ... ·10	... ...	1 .. ·10	... ...	... ...	1 ... ·03	... ...	5 ... ·37	14 ... 1·30	48 2 3·57	1 ... ·16	... ... ·05	9 ... ·70	4 ... ·39	... ...	... ...
Pachmarhi	124	... ...	... ...	... ...	... ... ·01	49 ... 1·30	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ... ·04	... ...	3 ... ·13	52 ... 3·45	155 ... 8·87	17 ... 1·36	10 ... ·54	5 ... ·35	20 ... 1·20	... ...	... ...
Purandhur	108	... ... ·02	... ...	... ...	2 1 ·32	18 ... ·45	... ...	... ...	... ...	... ...	... ...	... ...	... ...	5 ... ·14	3 ... ·06	... ...	... ...	2 ... ·05	14 ... 1·50	84 1 4·81	... ...	1 ... ·08	8 ... 1·13	5 ... ·29	3 ... ·02	... ...
Khandalla	39	... ...	... ...	... ...	1 ... ·13	11 ... ·50	1 ... ·06	... ...	... ...	... ...	1 ... ·04	2 ... ·51	... ...	3 ... ·08	2 ... ·07	1 ... ·02	... ...	... ... ·08	18 ... 1·56	51 ... 4·16	1 ... ·07	... ...	11 ... ·95	6 ... ·54	... ...	... ...
Wellington	1,004	2 ... ·19	... ...	... ...	14 3 ·30	109 ... 4·93	13 1 1·64	28 ... 1·42	3 ... ·16	... ...	24 1 3·20	3 ... ·27	4 ... ·36	106 ... 6·01	28 ... 1·76	... ...	... ...	18 ... ·75	290 2 28·41	1,361 7 87·41	36 ... 4·82	21 ... 1·77	129 2 15·27	104 ... 6·55	16 ... ·30	... ...
GROUP XIIb.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	*3,272	4 ... ·28	... ...	... ...	72 17 14·36	709 1 29·44	26 1 3·59	40 1 2·15	7 ... 1·40	... ... ·04	60 4 6·82	11 1 2·76	12 3 1·19	146 1 9·35	67 ... 4·18	51 ... 2·23	7 3 1·00	77 ... 4·55	843 2 77·28	3,896 46 258·86	124 ... 12·96	67 ... 6·89	369 2 37·85	283 ... 19·58	25 ... ·47	... ...
Troops marching, Bengal.	577	... ...	... ...	... ...	5 .. ·03	46 ... ·33	2 ... ·01	2 ... ·02	... ...	... ...	2 ... ·01	1 ... ·02	6 ... ·07	5 ... ·04	11 ... ·09	6 ... ·05	... ...	5 ... ·03	201 ... 2·41	464 1 5·09	25 ... ·30	72 ... 1·25	21 ... ·11	83 ... ·75	2	... ...
Troops marching, Punjab.	625	... ...	... ...	... ...	2	45 ... ·28	5 ... ·02	1	1	... 1 ...	3 ... ·02	... ...	4	13 ... ·13	5 ... ·02	32 ... ·26	... ...	5 ... ·03	66 ... ·45	304 2 1·93	15 ... ·16	8 ... ·06	6 ... ·06	37 ... ·17	... ...	... ...
Troops marching, Madras.	29	30	... ...	... ...	... ...	10 1 ·14	... ...	2	... ...	... 1 ...	... ...	... ...	... ...	1	2 ... ·02	2 ... ·01	... ...	... ...	7 ... ·02	73 2 ·40	1 ... ·02	4	... ...	2	... ...	... ...
Troops marching, Bombay.	208	... ...	... ...	... ...	1 ... ·01	24 ... ·12	1	... ...	... ...	... ...	... ...	... ...	2 ... ·02	2	5 1 ·01	3 ... ·01	... ...	4 ... ·02	50 ... ·20	140 1 ·72	6 ... ·06	14 ... ·12	10 ... ·01	20 ... ·01	... ...	... ...
Deolali Depôt	558	... ...	... ...	... ...	14 3 1·03	144 ... 3·86	2 ... ·08	3 ... ·39	4 ... ·12	... ...	40 1 1·89	32 3 2·61	4 1 ·19	24 ... ·78	20 ... ·97	5 ... ·22	4 ... ·45	14 ... ·57	297 ... 16·21	908 13 142·14	31 ... 2·04	29 ... 1·96	163 ... 7·25	74 ... 4·96	... ...	... ...
Poonamallee Depôt	155	... ...	... ...	... ...	1 ... ·92	12 ... 2·00	1 ... 1·03	4 ... ·44	1 ... ·42	1 1 ...	8 ... 1·69	2 2 1·20	1 ... ·27	10 ... 1·26	24 1 4·40	... ... ·08	3 1 ·43	16 ... 3·41	58 ... 28·43	227 5 71·91	4 ... 5·66	4 ... 1·64	43 ... 11·96	7 ... 9·17	... ... ·26	... ...

* Derived from the aggregates. † Details not available.

Stations and Commands.	Average annual strength.	1. Admissions. 2. Deaths. 3. Constantly sick.																								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Tænia.	Other Entozoa.
den . . .	1,095	... ...	... ...	... ...	7 2 1·07	491 ... 19·87	24 ... 2·43	165 ... 5·40	... ...	5 1 ·15	5 2 ·24	... ...	... ...	19 ... ·84	74 2 4·33	5 ... ·24	2 2 ·01	32 ... 1·76	144 ... 15·33	1,430 13 73·74	13 ... 2·17	24 ... 1·47	44 ... 5·56	63 ... 6·13	2 ... ·02	... ...
INDIA. † Remaining from 1898.	* 67,697	...	...	...	262	634	55	48	8	2	102	46	43	77	110	38	19	89	1,779	4,886	389	337	547	506	6	...
Admitted .		674	1	14	1,392	15,923	656	2,167	101	224	722	211	342	1,623	1,720	1,199	153	1,151	21,217	77,765	3,884	4,271	4,866	8,196	190	6
Died . .		1	1	1	348	19	11	1	1	34	38	38	45	6	44	...	85	...	14	863	...	1	13	...	...	...
Died out of Hospital.		...	...	...	...	1	...	...	...	8	6	1	2	...	...	...	...	...	...	71	...	...	...	...	...	...
**Constantly sick.		21·68	·01	1·48	213·20	584·41	51·16	99·98	14·06	9·98	74·84	39·28	29·43	88·44	119·36	40·56	21·10	82·40	1,851·31	‡ 4,942·13	381·39	324·15	510·63	635·14	6·94	·47
**Average duration of a case in days.		11·90	3·65	38·59	56·02	13·42	28·51	16·84	50·81	16·26	38·37	67·95	32·26	20·11	25·33	12·35	50·34	26·13	31·89	‡ 23·20	35·88	27·72	38·37	28·33	13·33	28·59
ENGAL . . .	* 21,278	151 ... 4·71	... ...	... ...	485 117 63·25	5,272 9 195·51	148 2 13·06	647 ... 34·86	46 ... 7·18	70 16 2·52	240 14 27·74	71 19 16·16	80 10 5·98	408 3 23·33	689 23 49·14	382 ... 13·46	60 31 8·51	384 ... 28·53	7,765 2 716·17	25,344 294 1,722·38	1,423 ... 145·67	1,627 ... 136·54	1,723 2 186·84	2,992 ... 247·12	40 ... 2·04	1 ... ·02
UNJAB . . .	* 18,080	34 ... ·86	1 1 ·01	10 1 1·03	451 120 71·05	4,467 6 156·38	277 6 17·61	578 1 23·02	24 ... 2·72	90 10 4·45	190 9 15·69	45 9 7·70	137 21 10·55	491 3 24·85	325 7 21·57	415 ... 15·03	34 20 3·94	252 ... 19·97	4,099 3 310·99	19,619 268 1,122·63‡	814 ... 72·61	547 ... 36·18	883 3 84·86	1,855 ... 117·34	69 ... 2·21	2 ... ·32
ADRAS . . .	* 12,876	354 ... 11·05	... ...	2 ... ·28	156 39 33·27	2,831 4 108·81	92 2 9·34	496 ... 21·38	11 1 1·62	25 3 ·83	114 5 14·88	43 5 7·80	34 2 2·99	370 ... 21·76	396 8 28·00	72 ... 2·22	27 19 4·57	294 ... 19·50	5,122 8 438·28	16,213 130 1,054·75	1,078 ... 104·62	1,174 1 75·15	1,175 7 126·48	1,695 ... 132·03	50 ... 1·93	1 ... ·04
OMBAY . . .	* 15,462	135 ... 5·06	... ...	2 ... ·17	300 72 45·63	3,353 ... 123·71	139 1 11·15	446 ... 20·72	20 ... 2·54	39 5 2·18	178 10 16·53	52 5 7·62	91 12 9·91	354 ... 18·50	310 6 20·65	330 ... 9·85	32 15 4·08	221 ... 14·40	4,231 1 385·87	16,589 171 1,042·37	569 ... 58·49	923 ... 76·28	1,085 1 112·45	1,654 ... 138·65	31 ... ·76	2 ... ·09

Groups and Commands.	1. Strength. 2. Constantly sick.												Total.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
Group I.—Burma Coast and Bay Islands.	1,407 112·45	1,535 117·28	1,327 91·23	1,192 68·10	1,193 68·65	1,181 71·10	1,165 75·13	1,174 94·45	1,130 87·06	814 73·22	1,187 100·10	1,173 97·94	14,478 1,056·71
„ II.—Burma Inland .	3,053 201·97	2,889 176·28	2,895 186·32	3,038 205·23	3,079 210·87	3,078 209·50	3,056 235·49	3,010 252·59	3,054 276·80	3,060 294·32	2,817 249·42	2,270 236·58	35,299 2,735·37
„ IV.—Bengal and Orissa	2,155 199·65	1,996 148·25	1,829 147·58	2,180 144·13	2,453 155·22	2,408 163·10	2,413 183·67	2,376 239·52	2,057 186·27	1,587 179·39	1,808 205·63	1,976 210·11	25,238 2,162·52
„ V.—Gangetic Plain and Chutia Nagpur.	7,555 693·85	7,860 655·58	7,715 633·20	6,766 579·85	6,876 605·52	6,793 622·52	6,787 566·23	6,768 639·07	6,485 597·84	6,140 519·08	6,707 530·71	7,256 533·88	83,708 7,177·33
„ VI.—Upper Sub-Himalaya.	15,651 1,417·80	16,059 1,311·92	15,306 1,179·85	13,089 960·29	10,631 899·29	10,419 852·40	10,380 791·96	10,266 795·44	10,079 784·14	9,698 667·97	14,832 848·39	16,583 1,014·76	152,993 11,524·21
„ VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	5,416 421·71	5,263 364·86	5,635 313·52	5,419 284·93	4,265 265·32	3,929 253·10	3,846 280·33	3,857 252·36	3,853 202·80	4,257 211·51	5,750 276·87	5,882 282·71	57,372 3,410·02
„ VIII.—South-Eastern Rajputana, Central India, and Gujarat.	5,631 578·49	6,138 529·92	6,404 481·35	6,344 472·10	6,239 451·91	6,147 460·74	6,175 460·37	6,185 533·68	6,032 496·86	5,733 462·48	6,157 438·57	6,622 410·00	73,807 5,776·47
„ IX.—Deccan . . .	9,543 821·19	9,451 797·57	9,788 775·35	10,161 784·80	10,120 806·77	10,093 877·61	10,138 815·72	10,131 789·78	9,679 802·93	9,945 697·27	10,120 723·80	10,103 657·80	119,272 9,350·59

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* Derived from the aggregates.
† Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.
** Excluding Lundi Kotal. ‡ Including Lundi Kotal which is excluded under the individual diseases.

TABLE IV—*concluded.*

GROUPS AND COMMANDS.	1. STRENGTH. 2. CONSTANTLY SICK.												TOTAL.
	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP X.—WESTERN COAST	1,631	1,761	1,878	1,499	1,477	1,520	1,491	1,476	1,569	1,822	1,636	1,577	19,337
	155·29	145·39	153·00	100·33	99·06	86·57	93·68	102·06	103·53	120·00	106·70	84·84	1,350·45
„ XI.—SOUTHERN INDIA	4,361	3,900	3,413	3,113	3,094	3,154	3,348	3,367	3,137	2,412	2,474	2,559	38,332
	357·13	323·61	254·94	222·04	241·67	225·04	253·09	253·06	244·47	206·39	245·90	227·28	3,054·62
„ XII*a*.—HILL STATIONS	4,333	4,324	4,235	9,945	14,035	14,556	14,616	14,553	13,697	11,248	5,497	3,265	114,304
	222·99	209·79	225·02	591·53	866·42	828·41	827·10	761·31	691·98	528·01	303·39	193·84	6,249·79
„ XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA.	1,076	1,010	1,346	4,323	5,489	5,504	5,144	5,155	4,550	3,237	1,450	971	39,255
	101·18	71·90	100·77	314·98	424·59	429·87	423·76	414·18	356·46	239·97	142·70	86·00	3,106·36
INDIA	67,985	67,582	68,118	69,568	70,462	70,258	70,038	69,780	67,369	63,373	64,082	63,748	812,363
	5,514·83	5,097·85	4,801·46	4,898·42	5,257·22	5,256·06	5,179·14	5,302·27	5,002·48	4,424·40	4,349·45	4,221·94	59,305·52
BENGAL	19,888	21,454	19,962	21,931	22,504	22,331	22,211	22,096	21,220	19,628	20,962	21,148	255,335
	1,867·02	1,730·09	1,616·01	1,735·08	1,853·86	1,816·83	1,694·86	1,944·64	1,753·54	1,526·86	1,565·19	1,564·71	20,668·69
PUNJAB	17,316	17,295	19,553	18,698	19,393	19,411	19,311	19,238	18,321	16,404	15,896	16,128	216,964
	1,326·54	1,189·27	1,074·84	1,104·18	1,348·81	1,341·08	1,328·24	1,190·45	1,077·18	837·06	814·05	839·66	13,471·36
MADRAS	13,960	13,377	13,001	13,466	13,447	13,399	13,400	13,361	12,709	11,487	11,812	11,098	154,517
	1,187·55	1,089·13	961·13	997·44	1,052·89	1,044·11	1,110·84	1,100·27	1,092·79	1,001·96	1,040·16	978·87	12,657·14
BOMBAY	16,821	15,456	15,602	15,473	15,118	15,117	15,116	15,085	15,119	15,854	15,412	15,374	185,547
	1,133·72	1,089·36	1,149·48	1,061·72	1,001·66	1,054·04	1,045·20	1,066·91	1,078·97	1,058·52	930·05	838·70	12,508·33

TABLE V.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table III.

STATIONS.	COMMANDS.	Sanitary defects, improvements, suggestions, etc.
Dum Dum	Bengal	Malarial fevers were very prevalent in the autumn. The chief cause of mortality was liver abscess. The trench system of nightsoil disposal is in vogue. The *bustees* around cantonments are in a perpetually insanitary condition. The site of the cantonment is low and waterlogged. The surface drainage is good. The water-supply is good. The method of disposing of the bazaar sewage is primitive. The bazaar drains are being lengthened.
Barrackpore	„	Malarial fevers and dysentery prevailed, ascribed to the excessive dampness owing to insufficiency of subsoil drainage. Liver abscess is common. There was a decrease in malarial fevers, ascribed to the improved surface drainage. No defects are noted in the trenching system. The water is fit for drinking purposes. The surroundings of the cantonment are not sanitary. Rice cultivation comes close up to cantonments. An incinerator is required for use during the rains. Tanks are too numerous near the lines. See also Table XXX.
Landour	„	There was no unusual sickness. The water-supply is good and in quantity sufficient. The principal medical officer of the district strongly recommends an incinerator, and the abolition of the pits.
Meean Meer	Punjab	Enteric fever, malaria, and cholera prevailed. The water-supply is suspicious, and the filter beds get easily out of order. Cholera did not attack the European troops but did attack the three native regiments. The drainage is faulty. Estimates were made to get water from the Lahore water-works. The cholera was traced to importation.
Kasauli	„	Scarlet fever is noted among the prevailing diseases. Enteric fever and malaria also prevailed. The night-soil is burnt in incinerators. Water is carried into the station in leather mule-*pakhals*. It is good in quality. A piped water-supply is suggested. At present all water has to be carried two miles up hill.
Murree	„	Water-supply in pipes in the summer, from wells in the winter. Night-soil removed to a distance by tramway and burnt. Drains in cantonments are being improved. See also Table XXX.
Bellary	Madras	Malarial fevers and venereal disease have been most prevalent. Malarial fever has largely increased during the past two years. Trench latrines are not used ; attempts have been made to cultivate the ground. Artesian well water is in use, but was drawn by leather *motes*, and was thus liable to contamination. This arrangement has been abolished, and pumps are now used. See also Table XXX.
Poonamallee	„	No epidemic disease, no unusual sickness, no trenching inside cantonments. Rice cultivation near to lines. The water-supply is from wells and is good. The lighting of cantonment is defective.
Ahmednagar	Bombay	Ague, venereal complaints and enteric fever prevailed, also influenza in March and April, and plague in September, October. The enteric fever was ascribed to effluvia from Faria Bagh and the city filth-pits. The disease ceased on closing the pits. The water-supply was deficient, owing to the scanty rains. Measures for replacing fixed by movable latrines are being carried out. The latrines are badly ventilated, and too near the men's quarters. The Lieutenant-General writes that the chief point is to remove afar the filth.
Taragarh	„	Malarial fevers and venereal diseases were common. The land for trenching filth being on a hill side is not cultivated. The need of public latrines in the village is pointed out by the P. M. O. The water-supply is bad in quality, and is treated with alum and permanganate.

TABLE VI.

INFLUENZA by months, stations, groups, and commands.

TABLE VII.

CHOLERA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon	...	...	...	...	...	...	...	...	...	...	43	2	45	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS	...	...	...	...	...	...	...	...	...	...	43	2	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	4	...	...	...	...	...	...	...	...	8	11	1	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	...	...	6	8	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	...	...	...	...	...	3	3	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	4	...	6	8	...	...	...	...	...	11	14	1	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	...	...	10	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	...	5	3	3	2	...	...	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh	...	...	...	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	...	5	3	14	5	...	...	...	...	...	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Umballa	...	3	...	...	...	...	...	...	...	...	1	..	4	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Meean Meer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Sialkot	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	...	3	1	...	...	...	...	...	...	...	1	2	7	...	...	...	...	...	...	...	1	...	...	...	...	1
A																										
Peshawar	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Kurrachee	...	...	1	1	2	3	...	1	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	2	...	1	1	2	3	...	1	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Kamptee	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	...	...	18	2	1	...	1	...	...	...	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgam	...	...	...	11	107	52	32	5	1	1	1	...	210	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	...	4	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	...	2	6	4	...	...	...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	...	...	69	34	4	1	...	...	...	...	...	...	108	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	2	97	54	112	53	33	5	1	1	1	...	359	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Madras	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Ranikhet	...	...	7	48	1	...	...	...	...	...	...	...	56	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	...	9	31	20	7	...	...	...	...	...	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Solon	...	...	...	...	7	...	...	1	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	...	...	...	...	...	1	2	4	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Lundi Kotal	...	...	...	...	9	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII*a*.—HILL STATIONS	...	...	7	57	48	21	9	5	...	...	...	...	147	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...		...	...	...	...	...	...	...
Murree	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	...	...	...	2	...	2	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops marching, Madras	...	...	30	...	...	...	...	...	...	...	...	...	30	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	6	10	145	136	167	79	42	11	1	12	59	6	674	...	...	...	...	...	...	...	1	...	...	...	...	1
BENGAL	...	5	10	72	37	20	7	...	...	...	...	...	151	...	...	...	...	...	...	...	...	...	...	...	...	...
PUNJAB	2	3	1	1	16	1	2	5	...	...	1	2	34	...	...	...	...	...	...	...	1	...	...	...	...	1
MADRAS	4	...	54	21	108	54	33	5	1	12	58	4	354	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	...	2	80	42	6	4	...	1	...	...	...	...	135	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE VIII.

ENTERIC FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	...	...	...	...	...	1	...	...	...	...	...	1
Rangoon	3	...	...	2	...	...	...	1	...	...	...	...	6
GROUP I.—BURMA COAST AND BAY ISLANDS	3	...	...	2	...	...	1	1	...	...	...	...	7
Thayetmyo	...	...	...	...	...	...	1	3	...	...	...	...	4
Meiktila	...	...	...	...	...	...	3	...	...	...	...	...	3
Fort Dufferin	...	1	...	...	...	...	...	...	...	...	...	...	1
Shwebo	...	...	...	...	...	...	...	...	...	...	2	...	2
Bhamo	...	...	...	...	...	...	2	...	...	...	...	...	2
GROUP II.—BURMA INLAND	...	1	...	...	...	...	6	3	...	...	2	...	12
Fort William	...	...	1	1	1	1	...	...	...	...	...	...	4
Fort Chingrikhal	1	...	...	...	...	...	...	...	...	...	...	...	1
Dum-Dum	...	...	...	1	1	...	1	1	2	...	...	...	6
Barrackpore	...	1	1	2	...	...	1	1	...	...	...	...	6
GROUP IV.—BENGAL AND ORISSA	1	1	2	4	2	1	2	2	2	...	...	...	17
B													
Dinapore	...	...	1	2	2	...	3	3	...	3	...	1	15
Benares	...	...	...	1	...	...	...	2	1	...	...	...	4
Allahabad	1	...	5	5	2	...	...	5	1	3	3	4	29
Fort Allahabad	...	...	1	...	...	...	...	...	...	...	...	...	1
Fyzabad	...	...	1	2	1	1	...	1	...	...	...	...	6
Sitapur	1	...	...	...	...	1	1	1	...	...	...	...	4
Lucknow	11	4	8	6	8	2	5	7	4	7	6	14	82
Cawnpore	4	1	2	3	...	...	...	...	1	...	1	2	14
Fatehgarh	...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	17	5	18	19	14	4	9	19	7	13	10	21	156
A													
Shahjahanpur	...	...	...	1	1	...	...	...	...	...	...	...	2
Bareilly	1	1	2	6	9	...	...	...	...	...	1	...	20
Meerut	...	1	5	22	6	2	...	2	2	...	1	4	45
Delhi	1	...	...	...	...	...	...	...	...	...	8	1	10
Umballa	27	2	1	7	9	4	2	1	2	...	1	1	57
B													
Jullundur	2	1	2	5	3	...	...	1	...	...	...	2	16
Ferozepore	...	...	1	5	12	1	1	1	...	...	...	2	23
Amritsar	...	...	...	...	...	...	...	2	...	...	...	...	2
Meean Meer	1	...	1	5	5	2	...	...	...	...	1	2	17
Fort Lahore	...	...	...	1	...	...	...	...	...	...	...	1	2
Sialkot	4	...	...	4	3	...	...	...	...	1	2	1	15
Rawalpindi	2	1	2	24	18	16	4	10	7	...	5	10	99
Campbellpur	...	...	...	1	2	...	...	...	...	...	...	...	3
Attock	...	...	...	...	1	1	...	...	...	...	...	...	2
GROUP VI.—UPPER SUB-HIMALAYA	38	6	14	81	69	26	7	17	11	1	19	24	313
A													
Nowshera	1	...	...	...	1	---	...	2	...	...	...	...	4
Peshawar	2	...	2	3	3	5	3	1	2	4	6	10	41
Mooltan	...	...	1	3	8	3	...	...	1	...	...	...	16
C													
Hyderabad	...	...	...	1	...	1	...	...	...	...	...	1	3
Kurrachee	...	1	...	1	2	1	...	...	...	...	1	1	7
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	3	1	3	8	14	10	3	3	3	4	7	12	71
A													
Deesa	1	1	2	2	1	...	...	1	...	1	...	...	9
Ahmedabad	...	...	...	1	...	...	...	...	...	...	...	...	1

TABLE IX.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	3	...	...	...	1	...	...	...	11	2	2	19
Rangoon	19	17	18	1	...	1	...	1	...	8	4	1	70
GROUP I.—BURMA COAST AND BAY ISLANDS	19	20	18	1	...	2	...	1	...	19	6	3	89
Thayetmyo	...	2	7	2	5	8	28	15	3	...	...	...	70
Meiktila	...	...	...	1	1	1	2	...	...	1	...	...	6
Fort Dufferin	1	...	...	...	...	...	1	3	10	17	4	...	36
Shwebo	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	1	2	7	3	6	9	31	18	13	18	4	...	112
Fort William	1	1	3	2	15	...	24	7	2	11	5	3	74
Fort Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	...	...	...	...	...	1	10	2	...	...	...	...	13
Barrackpore	...	...	...	1	5	6	8	4	2	...	...	...	26
GROUP IV.—BENGAL AND ORISSA	1	1	3	3	20	7	42	13	4	11	5	3	113
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	...	1	4	14	7	9	...	...	...	...	...	...	35
Allahabad	2	...	1	6	13	11	4	2	1	...	...	...	40
Fort Allahabad	...	...	2	...	...	...	...	...	...	...	...	...	2
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	...	...	3	7	3	2	1	...	1	17
Lucknow	2	4	23	24	28	22	15	13	1	3	4	9	148
Cawnpore	2	2	2	10	7	6	3	16	11	...	...	...	59
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	6	7	32	54	55	51	29	34	15	4	4	10	301
A													
Shahjahanpur	...	...	...	...	...	...	...	2	...	...	...	...	2
Bareilly	1	3	1	4	4	2	2	1	...	...	...	6	24
Meerut	1	1	3	7	4	4	1	7	2	2	3	3	38
Delhi	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	13	3	3	3	6	2	...	...	...	...	...	...	30
B													
Jullundur	...	...	5	7	3	...	2	17	2	...	...	...	36
Ferozepore	...	1	6	8	7	1	7	2	2	1	1	3	39
Amritsar	...	...	...	...	...	3	...	...	...	...	...	...	3
Meean Meer	...	...	...	...	...	18	26	4	1	...	...	1	50
Fort Lahore	...	...	...	1	...	...	1	...	...	...	...	...	2
Sialkot	...	...	...	2	...	...	...	...	...	...	...	...	2
Rawalpindi	1	...	...	3	...	8	1	9	...	...	...	...	22
Campbellpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA	16	8	18	35	24	38	40	42	7	3	4	13	248
A													
Nowshera	...	1	2	3	2	3	45	64	7	2	...	1	130
Peshawar	...	...	...	1	51	20	89	39	...	...	1	...	201
Mooltan	...	...	...	...	...	1	...	...	...	...	...	...	1
C													
Hyderabad	...	...	...	2	1	1	4	...	...	...	...	...	8
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	...	1	2	6	54	25	138	103	7	2	1	1	340
A													
Deesa	...	...	4	1	...	...	...	...	...	...	...	...	5
Ahmedabad	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios see Table III.

STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Neemuch	...	...	1	...	1	...	1	2	2	...	...	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	2	...	2	7	6	2	1	11	4	1	3	3	42	...	...	...	1	...	...	...	...	...	...	...	...	1
Muttra	1	...	2	2	5	...	...	3	3	...	...	..	16	2	1	...	2	1	1	...	2	1	...	2	...	12
Agra	2	6	2	9	4	...	...	4	2	...	2	2	33	2	4	2	5	3	5	4	7	1	...	3	...	36
Jhansi	9	1	4	5	7	1	...	...	2	2	...	2	33	1	...	1	3	1	...	1	...	...	1	1	...	9
Nowgong	...	...	...	1	1	...	1	...	...	...	...	2	5	...	...	...	...	2	8	...	1	...	...	...	...	11
Indore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	3
Mhow	...	...	...	9	3	6	12	10	3	1	1	4	49	1	...	...	5	2	2	3	2	2	1	3	7	28
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	15	8	13	36	28	9	15	31	16	5	6	14	196	6	5	7	17	9	16	8	13	5	2	9	8	105
A																										
Saugor	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore	6	1	4	4	...	2	...	4	2	1	2	...	26	1	...	...	...	...	...	...	...	...	...	...	...	1
Kamptee	...	...	1	1	2	...	1	6	1	...	...	...	12	...	...	3	3	19	27	1	2	...	2	1	2	60
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2
B																										
Secunderabad	3	2	5	1	6	3	4	7	2	6	6	3	48	2	3	4	7	4	2	1	2	1	4	5	3	38
Belgam	..	...	1	...	...	2	2	1	1	1	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	5	...	2	...	...	...	2	4	2	2	...	...	17	7	10	21	12	24	19	8	12	7	14	7	3	144
Kirkee	2	4	1	3	5	7	2	2	1	2	3	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	2	3	2	4	9	16	12	3	2	1	1	...	55	...	...	...	...	..	4	1	1	...	...	1	...	7
GROUP IX.—DECCAN	18	10	16	13	22	30	23	27	11	14	12	3	199	10	13	28	22	47	53	11	18	8	20	14	8	252
Colaba	...	...	...	2	1	1	...	1	2	...	3	...	10	2	...	2	...	...	...	...	...	...	...	...	...	4
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	5
Calicut	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	3	2	1	...	1	6	1	18
Mallapuram	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	5	...	...	1	1	...	...	...	...	7
GROUP X.—WESTERN COAST	...	...	...	2	1	1	1	1	2	...	3	...	11	2	...	3	6	2	3	3	2	...	5	7	1	34
A																										
Bellary	2	1	1	...	...	...	...	...	...	...	...	...	4	3	1	1	...	...	...	...	...	7	2	...	2	16
Bangalore	8	4	4	7	5	9	6	6	4	2	4	...	59	3	13	7	7	12	10	12	8	8	4	2	...	86
Pallavaram	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	1	...	...	2
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	3
Madras	...	1	...	...		...	...	...	...	...	...	...	1	5	2	28	21	18	8	1	...	1	1	...	...	85
GROUP XI.—SOUTHERN INDIA	10	6	5	7	5	9	6	6	4	2	4	1	65	12	16	36	28	30	18	13	10	16	8	2	3	192
Ranikhet	...	...	2	4	6	6	1	1	3	6	..	1	30	2	2	4	2	12	16	7	4	4	4	1	1	59
Chaubuttia	...	...	...	...	1	2	1	...	...	...	...	...	4	...	...	...	...	...	1	3	1	...	...	...	...	5
Chakrata	..	...	3	27	2	3	3	4	30	1	1	...	74	...	...	2	3	1	7	7	3	7	2	1	...	33
Solon	...	...	...	2	2	...	1	...	...	...	...	...	5	...	...	...	...	...	...	...	...	1	...	...	...	1
Dagshai	...	...	...	6	11	...	...	2	...	...	...	...	19	...	...	...	1	6	5	5	1	1	3	...	...	22
Subathu	...	...	...	11	8	1	...	...	5	...	...	...	25	...	...	...	3	...	3	...	1	...	...	...	...	7
Jutogh	...	...	...	3	2	1	...	...	...	...	...	...	6	...	...	...	4	...	...	...	...	...	...	...	...	4
Khyragully	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragully	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldunnah	...	..	...	3	8	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	6	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	...	...	...	2	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Thobba	...	...	...	1	4	1	1	1	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Upper Topa	...	...	...	1	3	...	2	...	2	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	...	...	...	...	2	2	5	1	2	...	...	...	12	...	...	...	...	2	...	10	8	5	1	...	...	26
Lundi Kotal	...	2	...	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	...	...	3	...	...	...	1	7	6	7	2	...	26	...	...	2	...	2	1	1	...	...	...	...	...	6
Ramandrug	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
GROUP XII*a*.—HILL STATIONS	...	2	8	60	57	18	15	16	49	14	3	1	243	2	2	8	14	23	33	33	18	18	10	2	1	164
Darjeeling	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	...	3	...	...	...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	...	1
Landour	...	...	...	...	1	1	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	1	2	1	1	...	6	1	2	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie	...	...	...	9	10	2	3	1	1	1	...	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	1
Taragarh	...	...	...	...	...	...	...	3	...	...	...	...	3	...	...	...	2	...	2	...	2	1	...	...	...	7
Mount Abu	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	1	1	...	...	...	...	3
Purandhur	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington	...	...	...	...	2	8	3	...	...	...	1	...	14	2	3	4	1	8	3	3	4	...	...	...	...	28
GROUP XII*b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	...	...	1	14	17	13	6	11	4	3	3	...	72	2	3	4	4	8	6	4	7	2	...	...	...	40

TABLE VIII—*concluded.*

ENTERIC FEVER by months, stations, groups, and commands.

Stations and Commands.	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Troops marching, Bengal	...	...	3	...	...	...	...	...	...	...	...	2	5
Troops marching, Punjab	1	...	...	...	...	...	...	...	...	...	1	...	2
Troops marching, Madras	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops marching, Bombay	1	...	...	...	...	...	...	...	...	...	...	...	1
Deolali Depôt	1	3	1	...	...	1	1	1	2	3	...	1	14
Poonamallee „	...	...	...	...	...	...	...	...	...	...	1	...	1
Aden	3	1	...	...	...	1	1	...	...	...	...	1	7
INDIA	111	44	84	246	229	123	96	138	111	59	71	80	1,392
Bengal	38	16	47	107	61	22	17	39	54	24	25	35	485
Punjab	40	6	11	98	124	43	22	30	24	8	16	29	451
Madras	16	9	11	10	13	22	23	18	7	9	14	4	156
Bombay	17	13	15	31	31	36	34	51	26	18	16	12	300

TABLE IX—*concluded.*

SIMPLE CONTINUED FEVER by months, stations groups, and commands.

Stations and Commands.	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Troops marching, Bengal	...	...	1	...	...	...	...	...	...	1	...	...	2
Troops marching, Punjab	...	1	...	...	...	...	...	...	...	...	...	...	1
Troops marching, Madras	...	1	...	...	...	...	...	...	1	...	...	...	2
Troops marching, Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...
Deolali Depôt	...	...	...	...	...	...	1	...	1	1	...	...	3
Poonamallee „	...	...	...	...	...	...	...	1	1	1	...	1	4
Aden	...	2	1	16	29	17	16	6	14	7	22	35	165
INDIA	77	82	168	209	307	278	369	286	112	112	80	87	2,167
Bengal	17	19	49	83	103	103	96	75	34	25	20	23	647
Punjab	14	6	16	36	77	64	186	145	20	7	2	5	578
Madras	36	45	70	47	50	37	51	38	32	55	24	11	496
Bombay	10	12	33	43	77	74	36	28	26	25	34	48	446

TABLE X.

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Intermittent Fever in each month.												
Port Blair	1	10	6	4	4	3	1	2	5	...	...	...	36
Rangoon	3	7	18	18	18	9	12	13	14	33	38	7	190
Group I.—Burma Coast and Bay Islands	4	17	24	22	22	12	13	15	19	33	38	7	226
Thayetmyo	1	...	1	...	...	5	6	14	...	2	1	3	33
Meiktila	1	1	1	1	1	2	1	4	3	3	2	...	20
Fort Dufferin	17	17	15	33	31	30	49	111	127	127	93	66	716
Shwebo	6	3	4	6	6	2	3	15	10	19	14	14	102
Bhamo	19	13	10	5	4	29	50	58	15	25	14	14	256
Group II.—Burma Inland	44	34	31	45	42	68	109	202	155	176	124	97	1,127
Fort William	5	1	2	7	18	6	14	66	90	115	94	115	533
Fort Fulta	...	...	...	...	...	...	...	...	...	...	2	1	3
Fort Chingrikhal	11	...	...	2	...	3	4	1	1	...	...	...	22
Dum-Dum	30	11	12	22	56	17	28	61	66	72	39	13	427
Barrackpore	24	18	29	22	14	8	22	39	64	85	47	27	399
Group IV.—Bengal and Orissa	70	30	43	53	88	34	68	167	221	272	182	156	1,384
B													
Dinapore	9	10	6	14	35	16	16	15	17	40	18	5	201
Benares	10	8	5	1	1	5	20	35	12	9	8	2	116
Allahabad	2	3	1	...	1	1	6	44	11	18	13	4	104
Fort Allahabad	7	3	2	5	5	1	8	14	12	16	10	5	88
Fyzabad	9	5	6	10	28	17	14	43	18	7	9	8	174
Sitapur	2	3	1	2	1	5	2	2	5	...	...	1	24
Lucknow	49	22	23	12	9	11	18	71	23	34	24	37	333
Cawnpore	8	5	9	5	32	7	13	32	16	60	24	15	226
Fatehgarh	2	1	...	13	9	2	13	23	19	12	3	2	99
Group V.—Gangetic Plain and Chutia Nagpur.	98	60	53	62	121	65	110	279	133	196	109	79	1,365
A													
Shahjahanpur	19	3	11	2	2	5	7	7	1	12	2	...	71
Bareilly	8	6	3	5	9	2	7	16	8	7	4	16	91
Roorkee	1	...	...	1	4	...	...	7	12	5	1	...	31
Meerut	66	32	22	68	99	44	57	81	67	79	40	14	669
Delhi	13	5	11	3	19	2	24	63	23	15	31	14	223
Umballa	12	7	15	8	33	27	24	46	15	20	26	14	247
B													
Jullundur	5	3	8	7	12	8	13	1	4	5	3	3	72
Ferozepore	7	7	7	25	44	28	104	47	72	79	23	21	464
Amritsar	11	4	3	7	8	...	10	14	8	1	2	...	68
Meean Meer	29	27	27	28	72	40	39	25	42	43	21	6	399
Fort Lahore	6	...	...	2	6	...	2	5	2	9	4	3	39
Sialkot	18	18	21	35	43	37	28	26	13	20	3	3	265
Rawalpindi	50	16	30	28	15	10	28	61	143	157	48	30	616
Campbellpur	8	2	...	...	13	2	15	11	14	19	3	2	89
Attock	13	6	6	4	4	2	18	6	2	2	2	1	66
Group VI.—Upper Sub-Himalaya	266	136	164	223	383	207	376	416	426	473	213	127	3,410
A													
Nowshera	20	8	3	4	13	7	43	11	7	15	4	12	147
Peshawar	96	37	27	31	15	18	6	22	77	65	56	39	489
Mooltan	40	19	32	33	52	79	31	22	35	28	21	16	408
C													
Hyderabad	11	19	16	5	7	2	1	...	3	1	5	5	75
Kurrachee	36	14	8	9	40	19	8	24	8	21	11	7	205
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	203	97	86	82	127	125	89	79	130	130	97	79	1,324

TABLE XI.

REMITTENT FEVER by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Remittent Fever in each month.												
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	...	1	...	1	1	3	1	...	1	...	...	...	8
Group I.—Burma Coast and Bay Islands	...	1	...	1	1	3	1	...	1	...	...	...	8
Thayetmyo	1	...	...	...	...	...	1	...	1	...	...	...	3
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	3	1	1	2	...	...	...	...	...	...	...	...	7
Shwebo	1	...	1	...	...	3	...	1	3	9	2	4	24
Bhamo	...	...	...	...	...	...	...	1	...	...	...	...	1
Group II.—Burma Inland	5	1	2	2	...	3	1	2	4	9	2	4	35
Fort William	...	...	...	...	...	...	...	3	6	10	3	5	27
Fort Fulta	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	...	...	...	...	1	1	...	1	1	...	...	1	5
Group IV.—Bengal and Orissa	...	...	...	...	1	1	...	4	7	10	3	6	32
B													
Dinapore	...	...	...	1	...	...	...	...	...	...	...	...	1
Benares	...	...	...	...	3	...	...	...	2	...	...	...	5
Allahabad	...	...	...	...	...	...	2	...	...	...	...	...	2
Fort Allahabad	...	...	1	1	...	...	...	...	...	1	...	...	3
Fyzabad	3	...	...	...	...	...	...	...	...	...	...	...	3
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	...	...	...	...	...	...	...	...	1	...	1	2
Cawnpore	1	...	...	...	...	2	...	1	1	6	1	1	13
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur.	4	...	1	2	3	2	2	1	3	8	1	2	29
A													
Shahjahanpur	...	...	...	...	...	...	...	...	...	1	...	...	1
Bareilly	...	...	...	1	...	...	1	...	...	...	...	...	2
Roorkee	...	...	...	...	1	1	...	...	...	...	...	...	2
Meerut	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	...	...	...	5	2	...	...	...	...	...	7	1	15
Umballa	1	...	...	...	...	...	...	...	...	...	...	...	1
B													
Jullundur	...	...	...	...	1	...	...	...	..	...	...	...	1
Ferozepore	...	...	...	...	...	1	...	...	...	...	...	...	1
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	...	...	...	...	1	...	...	...	...	...	...	...	1
Fort Lahore	..	...	...	...	...	...	1	...	...	...	...	...	1
Sialkot	1	...	...	5	8	3	2	1	1	...	...	1	22
Rawalpindi	1	1	2	...	3	3	5	...	10	6	2	1	34
Campbellpur	...	...	...	...	...	...	1	1	...	...	...	...	2
Attock	...	1	...	1	1	3	4	1	...	1	...	...	12
Group VI.—Upper Sub-Himalaya	3	2	2	12	17	11	14	3	11	8	9	3	95
A													
Nowshera	...	1	...	...	...	1	1	2	2	1	1	3	12
Peshawar	5	...	2	5	12	12	31	35	9	1	1	1	114
Mooltan	...	...	1	...	5	1	...	1	...	...	...	1	9
C													
Hyderabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	5	1	3	5	17	14	32	38	11	2	2	5	135

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* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios see Table III.

TABLE X—*continued.*

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations and Groups.	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Deesa	4	4	8	8	2	17	8	10	6	6	...	1	74
Ahmedabad	7	5	5	6	14	10	8	8	18	23	5	...	109
B													
Neemuch	1	3	2	3	2	3	6	6	1	5	1	1	34
Nasirabad	4	3	11	8	13	16	12	11	9	13	9	4	113
Muttra	9	5	1	4	8	4	9	23	7	9	5	1	85
Agra	21	11	11	13	20	6	9	71	20	22	14	3	221
Jhansi	20	6	5	8	19	12	15	29	13	6	5	5	143
Nowgong	4	2	1	4	6	3	11	30	38	16	5	11	131
Indore	3	...	2	5	3	2	4	8	1	2	3	2	35
Mhow	48	31	25	31	26	32	43	96	47	41	26	29	475
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	121	70	71	90	113	105	125	292	160	143	73	57	1,420
A													
Saugor	1	1	7	10	21	12	19	38	27	23	15	7	181
Jubbulpore	19	14	18	23	27	16	17	40	48	57	24	13	316
Kamptee	9	9	11	10	18	19	15	19	25	32	16	14	197
Sitabaldi	...	...	...	1	...	...	4	1	...	1	...	1	8
B													
Secunderabad	23	16	38	8	11	9	19	17	10	10	11	10	182
Belgam	27	25	14	26	19	31	27	20	11	21	25	21	267
Satara	14	4	1	5	9	7	12	8	7	5	4	...	76
Poona	26	8	8	23	64	68	44	41	42	43	35	17	419
Kirkee	9	25	16	24	25	35	30	31	12	13	7	9	236
Ahmednagar	22	49	15	5	29	11	17	24	4	16	5	3	200
Group IX.—Deccan	150	151	128	135	223	208	204	239	186	221	142	95	2,082
Colaba	12	11	23	27	24	13	26	19	18	27	19	8	227
Cannanore	...	...	...	...	...	...	...	...	2	...	1	...	3
Mallapuram	...	2	2	...	...	...	...	1	1	...	2	1	9
Group X.—Western Coast	12	13	25	27	24	13	26	20	21	27	22	9	239
Bellary	114	40	25	22	19	14	31	37	41	78	182	70	673
Bangalore	13	4	4	9	15	10	2	5	4	5	3	2	76
Pallavaram	2	...	1	...	...	...	...	...	...	1	...	...	4
St. Thomas' Mount	...	...	1	3	7	1	1	...	3	5	8	...	29
Madras	9	4	1	6	3	3	4	7	9	13	28	9	96
Group XI.—Southern India	138	48	32	40	44	28	38	49	57	102	221	81	878
Ranikhet	...	...	1	11	9	3	5	6	1	...	1	...	37
Chaubuttia	...	...	2	4	2	6	2	...	...	...	...	...	16
Chakrata	...	...	...	6	2	1	2	5	10	3	1	...	30
Lebong	...	...	2	3	3	1	3	1	3	3	2	...	21
Solon	...	...	...	1	9	3	3	...	...	...	...	...	16
Dagshai	...	...	...	52	39	11	54	21	17	16	...	...	210
Subathu	...	...	...	6	13	9	9	5	17	17	1	...	77
Jutogh	...	...	...	1	4	8	5	8	4	...	...	...	30
Khyragully	...	...	...	...	3	...	...	2	...	...	...	...	5
Baragully	...	...	...	...	2	...	...	1	1	1	...	...	5
Kuldunnah	...	...	...	3	14	12	5	4	4	...	...	...	42
Kalabagh	...	...	...	...	2	1	...	...	1	3	...	...	7
Camp Gharial	...	...	...	5	25	6	5	5	2	1	...	...	49
,, Thobba	...	...	...	9	17	7	2	...	4	...	...	...	39
,, Upper Topa	...	...	...	3	...	4	...	6	3	...	...	...	16
,, Lower Topa	...	...	...	4	6	2	...	1	...	...	...	...	13
Ghora Dhaka	...	...	...	...	...	3	2	4	..	...	...	...	9
Cherat	...	...	...	...	32	34	39	30	15	7	...	...	157
Lundi Kotal	16	12	...	...	4	...	...	1	...	...	...	...	33
Quetta	17	8	7	10	19	5	16	16	35	23	8	3	167
Ramandrug	...	...	1	4	3	...	...	...	...	...	...	...	8
Group XIIa.—Hill Stations	33	20	13	122	208	116	152	116	117	74	13	3	987

TABLE XI—*continued.*

REMITTENT FEVER by months, stations, groups, an commands.

Stations and Groups.	Admissions from Remittent Fever in each month												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A													
Deesa	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	...	...	...	...	1	...	...	...	...	2	...	...	3
B													
Neemuch	...	...	...	...	...	...	1	1	2	...	...	...	4
Nasirabad	...	...	1	...	...	...	...	3	...	...	2	4	10
Muttra	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	...	...	...	2	2	...	...	2	1	...	...	...	7
Jhansi	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	...	...	...	1	1	1	...	...	2	1	...	...	6
Indore	...	...	...	...	1	...	...	...	...	...	1	1	3
Mhow	2	2	1	7	1	1	1	9	11	9	2	3	49
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	2	2	2	10	6	2	2	15	16	12	5	8	82
A													
Saugor	1	1	1	...	1	...	...	...	1	1	3	...	9
Jubbulpore	2	1	...	3	8	4	3	2	...	...	1	2	26
Kamptee	...	...	...	1	4	...	...	1	2	...	...	...	8
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Secunderabad	3	...	1	...	...	1	...	1	1	1	5	...	13
Belgam	...	...	1	...	...	...	...	...	...	...	...	...	1
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	...	...	...	...	1	...	2	...	...	...	...	3
Kirkee	2	...	...	...	1	1	1	1	3	1	...	1	11
Ahmednagar	...	...	...	...	3	1	...	1	...	...	...	...	5
Group IX.—Deccan	8	2	3	4	17	8	4	8	7	3	9	3	76
Colaba	1	...	...	...	...	...	...	...	...	...	...	...	1
Cannanore	...	...	...	1	...	...	...	1	1	...	...	...	3
Mallapuram	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	1	...	...	1	...	...	...	1	1	...	...	...	4
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore	...	...	...	...	...	3	2	...	...	2	...	...	7
Pallavaram	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount	1	...	1	...	...	...	...	...	...	...	...	...	2
Madras	...	...	...	...	1	1	1	1	4	1	...	...	9
Group XI.—Southern India	1	...	1	...	1	4	3	1	4	3	...	...	18
Ranikhet	...	...	...	1	1	...	1	...	...	...	...	...	3
Chaubuttia	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata	...	...	3	2	...	...	...	1	2	1	1	...	10
Lebong	...	...	...	...	1	...	...	...	...	...	...	...	1
Solon	...	...	...	...	4	...	2	1	...	...	...	...	7
Dagshai	...	...	...	...	1	1	2	4	...	1	...	...	9
Subathu	...	...	...	...	...	...	...	...	4	...	...	...	4
Jutogh	...	...	...	...	...	...	...	...	...	...	...	...	...
Khyragully	...	...	...	...	...	...	1	1	...	...	...	...	2
Baragully	...	...	...	...	...	...	1	...	...	...	...	...	1
Kuldunnah	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial	...	...	...	1	...	...	...	...	3	1	...	...	5
,, Thobba	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Upper Topa	...	...	...	...	1	...	...	...	...	1	...	...	2
,, Lower Topa	...	...	...	...	1	...	1	...	...	...	...	...	2
Ghora Dhaka	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat	...	...	...	...	4	7	3	4	4	1	...	...	23
Lundi Kotal	1	...	...	...	...	...	...	...	...	...	...	...	1
Quetta	...	...	...	...	...	1	4	3	1	...	1	1	11
Ramandrug	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XIIa.—Hill Stations	1	...	3	4	13	9	15	14	14	5	2	1	81

Stations, Groups, and Commands.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Darjeeling	...	...	...	14	15	13	8	20	18	10	2	...	100	...	...	...	1	...	1	...	...	...	...	...	...	2
Naini Tal	...	...	...	...	3	2	...	2	2	1	...	...	10	...	...	...	...	1	...	...	...	...	...	...	...	1
Landour	...	...	...	19	13	4	10	5	1	...	...	...	52	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli	...	...	12	26	32	23	17	23	14	1	...	...	148	...	...	...	...	...	...	...	..	...	...	...	...	...
Dalhousie	...	...	...	33	53	32	27	27	8	7	1	...	188	...	...	...	...	1	1	1	3	...	...	...	...	6
Murree	2	...	...	...	...	1	1	2	2	1	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Taragarh	...	...	...	2	...	1	2	2	1	...	...	...	8	...	...	...	...	1	...	...	...	2	...	..	...	3
Mount Abu	...	...	...	...	1	1	2	2	1	...	...	...	7	...	...	...	...	...	...	...	...	..	...	...	...	...
Pachmarhi	...	...	2	3	3	1	4	9	13	14	...	...	49	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	1	...	...	3	3	...	...	...	...	...	2	9	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla	1	2	1	4	3	...	...	...	...	...	...	...	11	...	...	1	...	...	...	...	...	...	...	...	...	1
Wellington	6	3	6	16	9	26	11	9	7	9	5	2	109	2	...	...	1	5	3	1	1	...	...	...	...	13
GROUP XII*b*.—CONVALESCENT DEPÔTS, AND SANITARIA	10	5	21	120	135	104	82	101	67	43	10	11	709	2	...	1	2	8	5	2	4	2	...	...	...	26
Troops marching, Bengal	19	6	10	...	...	...	...	...	...	4	3	4	46	...	...	...	...	...	...	...	...	...	...	...	2	2
Troops marching, Punjab	11	12	15	2	...	...	...	...	...	...	5	...	45	1	...	1	...	1	...	...	...	...	...	2	...	5
Troops marching, Madras	...	...	2	...	...	...	...	...	...	1	3	4	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Troops marching, Bombay	20	4	...	...	...	...	...	...	...	...	...	...	24	1	...	...	...	...	...	...	...	...	...	...	...	1
Deolali Depôt	18	8	10	4	12	34	26	4	8	12	6	2	144	...	...	...	...	...	...	...	...	...	2	...	...	2
Poonamallee Depôt	3	1	...	1	2	1	...	3	...	...	...	1	12	...	...	...	...	...	...	...	1	...	...	...	...	1
Aden	33	28	28	23	113	60	33	30	24	22	50	47	491	3	2	1	4	5	1	1	2	...	1	1	3	24
INDIA	1,253	740	756	1,051	1,657	1,180	1,451	2,012	1,724	1,929	1,311	859	15,923	37	11	20	47	90	63	77	94	81	63	36	37	656
BENGAL	368	181	203	316	493	236	387	899	666	754	446	323	5,272	7	2	5	18	22	10	7	10	16	22	16	13	148
PUNJAB	344	178	206	357	585	414	530	437	526	517	223	150	4,467	10	3	6	12	44	33	56	54	33	13	6	7	277
MADRAS	245	146	150	162	152	175	217	316	262	352	430	224	2,831	11	2	5	5	7	14	6	7	11	13	7	4	92
BOMBAY	296	235	197	216	427	355	317	360	270	306	212	162	3,353	9	4	4	12	17	6	8	23	21	15	7	13	139

EUROPEAN TROOPS, 1899.

TABLE XII.

PNEUMONIA by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Pneumonia in each month.												
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon	...	...	...	1	...	3	...	...	...	...	...	...	4
Group I.—Burma Coast and Bay Islands	...	...	...	1	...	3	...	...	...	...	...	...	4
Thayetmyo	..	...	...	...	...	...	...	1	...	...	...	...	1
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	...	...	...	...	2	1	...	...	...	...	...	1	4
Shwebo	...	...	...	...	...	...	...	...	...	...	1	...	1
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	...	...	2	1	...	1	...	...	1	1	6
Fort William	...	...	...	...	1	...	...	...	...	...	...	...	1
„ Chingrikhal	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	1	1	...	...	...	...	...	...	...	...	...	1	3
Barrackpore	...	...	1	...	...	1	1	...	...	...	...	...	3
Group IV.—Bengal and Orissa	1	1	1	...	1	1	1	...	...	...	...	1	7
B													
Dinapore	...	1	...	...	...	...	1	...	...	...	...	...	2
Benares	...	...	...	...	...	...	...	1	...	...	...	...	1
Allahabad	...	...	...	...	...	...	2	...	...	...	...	...	2
Fort Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	1	...	...	...	...	...	...	...	...	1
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow	...	1	...	1	...	...	...	...	...	...	2	3	7
Cawnpore	...	...	...	...	...	1	...	...	...	...	...	...	1
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	2	...	2	...	1	3	1	...	...	2	3	14
A													
Shahjahanpur	...	...	...	...	...	...	...	...	...	1	...	1	2
Bareilly	...	...	2	1	3	1	1	...	...	...	1	2	11
Roorkee	...	...	2	...	...	...	...	...	...	...	...	...	2
Meerut	1	2	1	2	...	2	1	...	...	...	2	1	12
Delhi	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	...	1	...	...	...	...	...	...	...	1	1	3	6
B													
Jullundur	3	1	...	...	...	...	1	...	...	...	...	...	5
Ferozepore	1	...	2	...	...	1	...	...	...	1	...	2	7
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...
Meean Meer	4	5	2	1	...	...	1	...	...	1	1	5	20
Fort Lahore	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	2	3	1	...	...	...	...	...	1	...	1	8
Rawalpindi	6	2	1	...	...	...	...	...	1	...	3	2	15
Campbellpur	...	2	...	...	...	...	...	...	...	1	...	...	3
Attock	1	...	...	...	...	...	...	...	...	...	...	...	1
Group VI.—Upper Sub-Himalaya	16	15	13	5	3	4	4	...	1	6	8	17	92
A													
Nowshera	1	5	1	...	...	...	...	1	...	...	...	1	9
Peshawar	7	5	4	1	...	...	...	...	...	...	6	9	32
Mooltan	...	1	...	...	...	...	...	...	...	...	...	...	1
C													
Hyderabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Kurrachee	...	...	...	...	1	...	...	...	...	...	...	...	1
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	8	11	5	1	1	...	...	1	...	...	6	10	43
A													
Deesa	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad	...	1	1	...	...	...	...	...	...	...	...	...	2
B													
Neemuch	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	...	1	...	...	...	...	...	...	...	...	...	...	1
Muttra	1	...	...	...	...	...	...	...	...	...	...	...	1
Agra	...	2	...	...	...	...	...	...	...	...	...	2	4
Jhansi	1	...	1	...	...	...	...	...	...	...	...	...	2
Nowgong	...	...	...	...	...	...	...	...	...	...	1	1	2
Mhow	...	...	2	...	...	...	...	...	1	...	...	...	3
Group VIII.—S. E. Rajputana, Central India, and Gujarat	2	4	4	...	...	...	...	...	1	...	1	3	15

TABLE XIII.

DYSENTERY by months, stations, groups, and commands.

Stations* and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
	Admissions from Dysentery in each month.												
Port Blair	...	...	...	...	...	1	1	...	...	...	...	...	2
Rangoon	3	4	2	4	1	3	...	2	...	...	2	1	22
Group I.—Burma Coast and Bay Islands	3	4	2	4	1	4	1	2	...	...	2	1	24
Thayetmyo	...	...	...	...	...	...	1	2	1	...	...	...	4
Meiktila	...	...	1	2	...	1	2	1	1	1	...	1	10
Fort Dufferin	2	2	2	2	2	5	2	2	4	1	...	4	28
Shwebo	1	...	1	2	1	...	2	...	1	1	...	1	10
Bhamo	...	...	...	...	...	1	3	1	2	1	...	...	8
Group II.—Burma Inland	3	2	4	6	3	7	10	6	9	4	...	6	60
Fort William	1	3	1	1	3	1	1	4	4	11	9	10	49
„ Chingrikhal	2	...	...	...	...	...	...	...	...	...	...	1	3
Dum-Dum	3	...	1	2	3	6	18	24	4	1	...	...	62
Barrackpore	1	1	8	3	3	6	10	12	10	12	6	4	76
Group IV.—Bengal and Orissa	7	4	10	6	9	13	29	40	18	24	15	15	190
B													
Dinapore	...	...	...	1	1	1	...	1	1	3	1	...	9
Benares	...	...	...	...	...	...	...	...	...	...	1	2	3
Allahabad	...	1	1	2	3	...	2	3	3	3	3	5	26
Fort Allahabad	...	...	1	...	...	...	...	...	...	...	...	...	1
Fyzabad	2	2	4	7	7	2	4	1	4	1	1	...	35
Sitapur	...	1	1	...	...	...	1	1	2	1	...	...	7
Lucknow	3	3	6	7	...	9	4	8	16	10	12	12	90
Cawnpore	...	...	...	...	...	1	...	...	1	3	...	1	6
Fatehgarh	...	...	1	2	2	...	2	1	1	1	1	...	11
Group V.—Gangetic Plain and Chutia Nagpur	5	7	14	19	13	13	13	15	28	22	19	20	188
A													
Shahjahanpur	...	...	...	1	2	...	...	...	1	...	...	...	4
Bareilly	2	1	7	7	3	3	4	4	4	4	6	15	60
Roorkee	...	...	...	3	1	1	...	1	1	1	...	...	8
Meerut	4	3	2	5	5	1	2	7	5	2	3	1	40
Delhi	...	...	...	...	...	1	...	...	...	1	2	...	4
Umballa	3	...	4	12	2	1	...	2	2	1	9	9	45
B													
Jullundur	2	...	...	...	...	...	...	...	...	...	...	1	3
Ferozepore	...	2	2	2	1	1	...	4	1	3	6	5	27
Amritsar	...	...	...	...	...	...	...	...	...	2	...	...	2
Meean Meer	...	3	...	2	4	2	1	3	...	...	2	2	19
Fort Lahore	...	...	...	...	1	...	...	...	1	...	1	...	3
Sialkot	1	...	1	3	1	1	1	...	1	...	...	...	9
Rawalpindi	3	4	3	4	2	2	3	3	6	6	11	9	56
Campbellpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Attock	1	...	...	1	1	...	...	...	...	...	...	...	3
Group VI.—Upper Sub-Himalaya	16	13	19	40	23	13	11	24	22	20	40	42	283
A													
Nowshera	2	...	...	1	...	...	...	1	...	...	...	2	6
Peshawar	3	1	...	3	3	...	...	2	1	3	4	2	22
Mooltan	...	1	1	...	...	...	...	...	...	2	...	2	6
C													
Hyderabad	...	1	...	...	...	...	...	...	...	...	...	...	1
Kurrachee	1	4	1	1	...	...	...	2	2	1	1	...	13
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	6	7	2	5	3	...	...	5	3	6	5	6	48
A													
Deesa	...	...	...	1	...	1	...	...	...	...	...	...	2
Ahmedabad	...	...	...	1	...	...	...	1	...	...	1	...	3
B													
Neemuch	...	...	1	...	1	1	2	3	1	...	...	1	10
Nasirabad	1	2	2	2	1	3	1	3	1	2	2	4	24
Muttra	1	...	1	...	1	2	2	3	1	...	...	...	11
Agra	1	1	3	1	1	1	2	2	5	2	2	1	22
Jhansi	2	2	1	2	1	1	3	4	3	1	1	7	28
Nowgong	...	...	...	...	...	...	...	...	1	...	1	...	2
Mhow	1	1	...	2	3	4	1	3	4	...	4	4	27
Group VIII.—S. E. Rajputana, Central India, and Gujarat	6	6	8	9	8	13	11	19	16	5	11	17	129

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* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see Table III.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	3	5	1	1	11
Jubbulpore	1	2	...	...	1	...	1	...	...	1	...	...	6	9	2	2	2	4	5	2	5	5	1	3	7	47
Kamptee	...	...	1	1	3	1	1	...	...	1	...	...	8	...	1	1	1	...	2	2	1	1	...	3	1	13
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B																										
Secunderabad	1	3	...	1	2	...	...	2	1	...	1	...	11	9	3	5	7	11	5	14	23	5	10	12	8	112
Belgam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	3	3	2	4	1	2	3	1	1	26
Satara	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	2
Poona	2	2	...	...	...	...	...	...	...	2	2	1	9	1	1	1	1	1	...	10	13	9	2	...	1	40
Kirkee	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	1	...	2	1	...	...	...	6
Ahmednagar	...	...	1	...	...	...	...	...	...	...	...	2	3	...	...	...	2	1	5	3	2	...	1	...	...	14
GROUP IX.—DECCAN	5	8	2	2	6	2	2	2	1	4	3	3	40	20	9	14	16	20	20	38	47	27	22	20	19	272
Colaba	...	...	1	2	...	...	...	...	1	...	...	...	4	1	1	...	2	...	...	3	2	1	...	...	2	12
Calicut	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	3
Mallapuram	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	2
GROUP X.—WESTERN COAST	...	...	1	2	...	...	...	...	1	...	...	...	4	1	1	1	3	...	...	3	2	1	1	...	4	17
A																										
Bellary	...	...	...	...	...	...	...	...	...	...	1	...	1	4	2	2	2	1	1	...	1	2	1	3	4	23
Bangalore	...	...	4	...	...	1	...	...	...	1	...	...	6	15	11	9	2	9	10	8	6	4	2	5	3	84
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	4
Madras	...	...	...	...	1	...	...	...	...	...	...	...	1	...	2	...	...	1	...	...	...	1	...	...	...	4
GROUP XI.—SOUTHERN INDIA	...	...	4	...	1	1	...	...	...	1	1	...	8	19	15	11	4	12	11	8	7	8	3	8	9	115
Ranikhet	...	...	1	...	3	...	...	...	...	...	...	...	4	...	...	3	6	3	2	3	2	4	3	...	...	26
Chaubuttia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	1	...	5
Chakrata	...	...	...	1	1	...	...	...	...	...	2	...	4	...	...	...	2	4	5	...	3	2	1	...	...	17
Lebong	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	1
Solon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4	7	...	...	...	...	15
Dagshai	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	2	1	3	4	2	3	1	1	...	17
Subathu	...	...	...	1	2	...	...	...	...	...	...	...	3	...	...	...	5	...	4	1	4	2	7	...	...	23
Jutogh	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	2	2	2	3	...	...	...	...	9
Camp Gharial	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	3	5	6	2	1	1	...	...	19
,, Thobba	...	...	...	1	...	...	...	1	...	...	...	...	2	...	...	...	...	3	...	...	3	1	...	...	...	7
,, Upper Topa	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	1	3	...	...	...	10
Lundi Kotal	5	1	2	...	...	...	...	...	...	1	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	16	9	2	11	3	2	...	1	...	...	3	4	51	2	...	1	...	8	4	2	6	5	5	2	1	36
GROUP XII *a*.—HILL STATIONS	21	10	5	16	12	3	...	2	...	1	6	4	80	2	...	4	21	25	27	29	33	21	19	4	1	186
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	3	1	...	...	8
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2
Landour	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	1	...	...	...	4
Kasauli	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	4	1	...	2	3	2	...	...	...	12
Dalhousie	...	...	...	...	1	4	...	...	...	...	...	...	5	...	...	...	4	1	...	...	1	...	...	...	...	6
Taragarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2
Mount Abu	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
Khandalla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2
Wellington	...	...	1	2	...	...	...	1	...	...	...	...	4	...	...	...	2	12	5	4	1	3	1	...	...	28
GROUP XII *b*.—HILL CONVALESCENT DEPÔTS, AND SANITARIA	...	...	1	3	3	3	...	1	1	...	...	...	12	...	...	1	12	17	5	8	10	9	2	2	1	67
Troops marching, Bengal	2	1	1	...	...	...	...	...	...	...	...	2	6	1	...	7	...	...	...	...	...	...	1	...	2	11
Troops marching, Punjab	...	1	2	...	...	...	...	...	...	...	1	...	4	1	...	1	2	1	...	...	...	..	...	...	...	5
Troops marching, Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Troops marching, Bombay	1	...	...	...	...	...	...	...	...	...	1	...	2	5	...	...	...	...	...	...	...	...	...	...	...	5
Deolali Depôt	1	1	2	...	...	...	...	...	...	...	...	...	4	2	3	5	1	...	...	...	1	4	3	1	...	20
Poonamallee Depôt	...	...	...	...	...	...	...	...	1	...	...	...	1	3	...	...	2	5	5	1	1	1	2	2	2	24
Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	15	5	4	3	4	11	2	7	3	7	9	4	74
INDIA	57	54	41	32	28	20	10	8	6	12	30	44	342	117	76	107	153	144	142	165	218	170	141	138	149	1,720
BENGAL	8	10	9	6	10	5	7	1	...	2	9	13	80	32	20	50	56	50	49	64	90	85	70	54	69	689
PUNJAB	28	26	17	8	6	6	2	2	1	6	12	23	137	16	11	12	51	27	22	29	41	24	26	34	32	325
MADRAS	1	3	5	4	5	5	...	4	2	1	3	1	34	39	26	27	29	47	39	42	41	28	24	25	29	356
BOMBAY	20	15	10	14	7	4	1	1	3	3	6	7	91	30	19	18	17	20	32	30	46	33	21	25	19	310

TABLE XIV.

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	Admissions and admission-rates. Cholera.	Admissions and admission-rates. Enteric Fever.	Death and death-rates. Cholera.	Death and death-rates. Enteric Fever.	Death and death-rates. Intermittent Fever.	Death and death-rates. Remittent Fever.	Death and death-rates. Heat-stroke.	Death and death-rates. Tubercle of the lungs.	Death and death-rates. Pneumonia.	Death and death-rates. Dysentery.	Death and death-rates. Hepatic Abscess.	Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India. Y.	M.
CAVALRY.																				
4th Dragoon Guards.	566	771 1,362·2	10 17·67	11 19·43	46·63 82·39	... ...	34 60·1	... ...	9 15·90	... ...	... ...	... ...	1 1·77	... ...	... ...	... ...	53	Rawalpindi, 12 months. Detachment, Lower Topa, 5½ months.	5	3
5th „ „	412	628 1,524·3	8 19·42	28 67·96	32·17 78·08	... ...	10 24·3	... ...	4 9·71	... ...	1 2·43	1 2·43	... ...	... ...	... ...	2 4·85	35	Sialkot, 7 months; marching, 1⅔ month; (left for S. Africa on the 20th September).	6	0
3rd Hussars .	553	721 1,303·8	16 28·93	19 34·36	52·42 94·79	... ...	46 83·2	... ...	10 18·08	... ...	... ...	2 3·62	1 1·81	... ...	1 1·81	1 1·81	25	Lucknow, 12 months.	1	3
4th „ .	523	668 1,277·2	11 21·03	13 24·86	48·38 92·50	... ...	23 44·0	... ...	4 7·65	... ...	... ...	... ...	... ...	... ...	... ...	4 7·65	40	Bangalore, 9 months; Secunderabad, 3 months.	3	3
9th Lancers .	445	513 1,152·8	8 17·98	22 49·44	32·52 73·08	... ...	21 47·2	... ...	6 13·48	... ...	... ...	1 2·25	... ...	... ...	... ...	1 2·25	27	Muttra, 8 months; marching, ⅔ month; (left for S. Africa on the 20th September	1	6
11th Hussars .	427	556 1,302·1	10 23·42	16 37·47	31·81 74·50	... ...	14 32·8	... ...	7 16·39	... ...	... ...	... ...	1 2·34	... ...	... ...	... ...	7	Meerut, 8⅚ months; marching, ½ month; (left for Egypt on the 10th October).	6	10
15th „ .	96	135 1,406·2	1 10·42	... ...	5·18 53·96	... ...	4 41·7	... ...	1 10·42	... ...	... ...	... ...	... ...	... ...	... ...	... ...	524	Meerut, 2⅓ months; (arrived from England on the 20th October).	0	2
16th Lancers .	571	462 809·1	11 19·26	10 17·51	26·23 45·94	... ...	16 28·0	... ...	4 7·01	... ...	... ...	... ...	... ...	1 1·75	... ...	1 1·75	78	Umballa, 11¼ months; marching, ¾ month.	9	3
19th Hussars .	430	433 1,007·0	7 16·28	19 44·19	32·87 76·44	... ...	12 27·9	... ...	3 6·98	... ...	... ...	... ...	... ...	... ...	... ...	1 2·33	16	Secunderabad, 8⅔ months; (left for S. Africa on the 21st September).	8	0
20th „ .	564	456 808·5	11 19·50	20 35·46	31·74 56·28	... ...	29 51·4	... ...	7 12·41	... ...	... ...	... ...	... ...	... ...	... ...	2 3·55	97	Mhow, 12 months.	4	3
TOTAL .	4,587	5,343 1,164·8	93 20·28	158 34·45	339·95 74·11	... ...	209 45·6	... ...	55 11·99	... ...	1 ·22	4 ·87	3 ·65	1 ·22	1 ·22	12 2·62				
ARTILLERY.																				
A Battery, Royal Horse Artillery.	131	150 1,145·0	5 38·17	3 22·90	8·61 65·73	... ...	4 30·5	... ...	3 22·90	... ...	... ...	... ...	... ...	1 7·63	... ...	1 7·63	25	Meerut, 10⅔ months; marching, 1⅓ month.	10	2
B „ „	158	129 816·5	1 6·33	6 37·97	9·42 59·62	... ...	1 6·3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 6·33	19	Lucknow, 12 months.	10	2
C „ „	144	187 1,298·6	4 27·78	2 13·89	13·10 90·97	... ...	6 41·7	... ...	2 13·89	... ...	... ...	... ...	... ...	... ...	... ...	1 6·94	...	Mhow, 9⅔ months; marching, 2⅓ months.	10	2
D „ „	154	172 1,116·9	2 12·99	3 19·48	9·47 61·49	... ...	2 13·0	... ...	2 12·99	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2	Umballa, 11½ months; marching, ½ month.	1	1
E „ „	28	21 750·0	... ...	... ...	1·07 38·21	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	109	Kirkee, 2 months; (arrived from England on the 28th October).	0	2
F „ „	143	114 797·2	3 20·98	4 27·97	7·62 53·29	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 6·99	... ...	... ...	15	Sialkot, 12 months.	4	3
H „ „	129	178 1,379·8	3 23·26	10 77·52	10·83 83·95	... ...	9 69·8	... ...	3 23·26	... ...	... ...	... ...	... ...	... ...	... ...	... ...	9	Meerut, 10⅓ months; marching, 1⅔ month.	10	2
I „ „	143	186 1,300·7	3 20·98	5 34·97	7·85 54·90	... ...	1 7·0	... ...	... ...	... ...	... ...	1 6·99	... ...	... ...	... ...	1 6·99	39	Umballa, 10½ months; marching, 1½ month.	6	2
J „ „	142	153 1,077·5	2 14·08	4 28·17	11·10 78·17	... ...	7 49·3	... ...	2 14·08	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Bangalore, 12 months.	2	2
K „ „	147	178 1,210·9	3 20·41	2 13·61	10·14 68·98	... ...	9 61·2	... ...	1 6·80	1 6·80	... ...	... ...	... ...	... ...	... ...	... ...	19	Rawalpindi, 12 months.	8	2
L „ „	156	152 974·4	5 32·05	1 6·41	12·42 79·62	... ...	6 38·5	... ...	1 6·41	... ...	... ...	... ...	... ...	1 6·41	... ...	... ...	41	Kirkee, ⅚ month; Secunderabad, 11⅙ months.	7	2
S „ „	126	138 1,095·2	... ...	8 63·49	8·57 68·02	... ...	5 39·7	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	5	Secunderabad, ⅔ month; Kirkee, 9⅓ months; (left for England on the 1st November).	13	10

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	Admissions and admission-rates.		Deaths and death-rates.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y. M.
1st Battery, Royal Field Artillery.	150	150 1,000·0	2 13·33	6 40·00	6·78 45·20	... ...	9 60·0	... ...	... ...	... ...	.. ...	... ...	... ...	... ...	... ...	1 6·67	...	Kirkee, 12 months.	4 0
3rd ,, ,,	134	162 1,209·0	1 7·46	8 59·70	7·92 59·10	... ...	4 29·9	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 7·46	6	Meean Meer, 3½ months; Campbellpur, 8 months; marching, ½ month.	3 3
5th ,, ,,	138	226 1,637·7	2 14·49	8 57·97	16·14 116·96	... ...	6 43·5	... ...	1 7·25	... ...	... ...	... ...	... ...	... ...	1 7·25	... ...	13	Cawnpore, 11 months; marching, 1 month.	8 2
1th ,, ,,	130	199 1,530·8	1 7·69	4 30·77	11·63 89·46	1 7·7	2 15·4	1 7·69	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	30	Ferozepore, 3⅓ months; Meean Meer, 8⅔ months.	2 1
12th ,, ,,	151	196 1,298·0	5 33·11	2 13·25	10·11 66·95	... ...	7 46·4	... ...	3 19·87	... ...	... ...	2 13·25	... ...	... ...	... ...	... ...	3	Jullundur, 11½ months; marching, ½ month.	1 1
15th ,, ,,	143	174 1,216·8	4 27·97	4 27·97	10·60 74·13	... ...	7 49·0	... ...	4 27·97	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14	Meerut, 10 months; marching, 2 months.	12 0
16th ,, ,,	146	158 1,082·2	... ...	8 54·79	8·67 59·38	... ...	9 61·6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	13	Kirkee, 12 months.	3 11
21st ,, ,,	102	130 1,274·5	1 9·80	4 39·22	9·87 96·76	... ...	9 88·2	... ...	1 9·80	... ...	... ...	... ...	... ...	... ...	... ...	... ...	8	Bangalore, 2 months; Secunderabad, 6½ months; (left for South Africa on the 16th September).	13 8
22nd ,, ,,	144	239 1,659·7	3 20·83	6 41·67	14·51 100·76	... ...	8 55·6	... ...	2 13·89	... ...	... ...	... ...	... ...	... ...	... ...	1 6·94	26	Mhow, 12 months.	13 0
23rd ,, ,,	138	148 1,072·5	1 7·25	4 28·99	11·00 79·71	... ...	1 7·2	... ...	... ...	... ...	... ...	... ...	1 7·25	... ...	... ...	... ...	14	Secunderabad, 12 months.	8 2
24th ,, ,,	137	176 1,284·7	3 21·90	4 29·20	8·30 60·58	... ...	6 43·8	... ...	2 14·60	... ...	... ...	... ...	... ...	... ...	... ...	1 7·30	16	Peshawar, 11 months; marching 1 month.	9 2
25th ,, ,,	141	165 1,170·2	4 28·37	12 85·11	14·20 100·71	... ...	6 42·6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 7·09	2	Bangalore, 12 months.	2 1
27th ,, ,,	138	174 1,260·9	4 28·99	6 43·38	13·12 95·07	... ...	3 21·7	... ...	2 14·49	... ...	... ...	... ...	... ...	... ...	... ...	... ...	9	Nasirabad, ⅓ month; Neemuch, 11 months; marching, ⅔ month.	12 2

TABLE XIV—*continued.*

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.	
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y.	M.
29th Battery, Royal Field Artillery.	142	173 1,218·3	4 28·17	4 28·17	8·81 62·04	... ...	7 49·3	... ...	3 21·13	... ...	... ...	... ...	... ...	... ...	... ...	1 7·04	24	Kirkee, 12 months	6	2
30th ,, ,,	156	156 1,000·0	... ...	3 19·23	12·50 80·13	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Fyzabad, 11 months; marching, 1 month.	3	2
31st ,, ,,	144	144 1,000·0	... ...	7 48·61	7·66 53·19	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	6	Hyderabad, 9½ months; St. Thomas' Mount, 2 months; marching, ½ month.	11	2
32nd ,, ,,	145	209 1,441·4	3 20·69	2 13·79	15·41 106·28	... ...	7 48·3	... ...	2 13·79	... ...	... ...	... ...	... ...	... ...	1 6·90	... ...	...	Jhansi, 12 months.	1	1
33rd ,, ,,	148	136 918·9	1 6·76	5 33·78	8·90 60·14	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	15	St. Thomas' Mt., 9⅓ months; Hyderabad, 2⅓ months; marching, ⅓ month.	8	2
34th ,, ,,	135	203 1,503·7	2 14·81	9 66·67	11·34 84·00	... ...	1 7·4	... ...	1 7·41	... ...	... ...	... ...	... ...	... ...	... ...	... ...	23	Ahmedabad, 11⅓ months; marching, ⅔ month.	9	2
35th ,, ,,	143	160 1,118·9	1 6·99	7 48·95	6·60 46·15	... ...	1 6·99	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	37	Kurrachee, 12 months.	11	2
36th ,, ,,	135	178 1,318·5	2 14·81	8 59·26	9·03 66·89	... ...	2 14·8	... ...	1 7·41	... ...	... ...	1 7·41	... ...	... ...	... ...	... ...	27	Neemuch, ⅓ month; Nasirabad, 11 months; marching, ⅔ month.	12	2
40th ,, ,,	141	172 1,219·9	5 35·46	6 42·55	10·97 77·80	... ...	7 49·6	... ...	3 21·28	... ...	... ...	... ...	... ...	... ...	... ...	1 7·09	16	Kirkee, 2 months; Bangalore, 10 months.	6	2
41st ,, ,,	153	139 908·5	3 19·61	9 58·82	8·20 53·59	... ...	4 26·1	... ...	1 6·54	... ...	... ...	... ...	... ...	1 6·54	... ...	... ...	21	Lucknow, 11 months; marching 1 month.	4	2
42nd ,, ,,	108	93 861·1	1 9·26	2 18·52	8·15 75·46	... ...	15 138·9	... ...	1 9·26	... ...	... ...	... ...	... ...	... ...	... ...	... ...	9	Secunderabad, 2 months; Ahmednagar, 6½ months; (left for South Africa on the 16th September).	12	8
45th ,, ,,	157	151 961·8	2 12·74	2 12·74	8·91 56·75	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 6·37	33	St. Thomas' Mt., 12 months.	6	2
46th ,, ,,	149	183 1,228·2	2 13·42	7 46·98	14·45 96·98	... ...	4 26·8	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2	Dinapore, 10½ months; marching, 1½ months.	9	2
47th ,, ,,	135	276 2,044·4	8 59·26	12 88·89	14·08 104·30	... ...	14 103·7	... ...	7 51·85	1 7·41	... ...	... ...	... ...	... ...	... ...	... ...	29	Meean Meer, 3⅓ months; Ferozepore, 8⅔ months.	8	1
48th ,, ,,	152	331 2,177·6	4 26·32	6 39·47	15·63 102·83	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 6·58	1 6·58	1 6·58	15	Barrackpore, 12 months.	12	2
49th ,, ,,	149	180 1,208·1	1 6·71	11 73·83	12·49 83·83	... ...	1 6·7	... ...	1 6·71	... ...	... ...	... ...	... ...	... ...	... ...	... ...	6	Belgam, 12 months.	8	2
50th ,, ,,	146	142 972·6	2 13·70	3 20·55	13·05 89·38	... ...	2 13·7	... ...	1 6·85	... ...	... ...	... ...	... ...	... ...	... ...	... ...	16	Agra, 11½ months; marching, ½ month.	13	0
51st ,, ,,	145	194 1,337·9	2 13·79	2 13·79	11·71 80·76	... ...	8 55·2	... ...	1 6·90	... ...	... ...	... ...	... ...	... ...	... ...	... ...	25	Peshawar, 1 month; Rawalpindi, 11 months.	9	2
52nd ,, ,,	148	187 1,263·5	... ...	9 60·81	13·20 89·19	... ...	3 20·3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	7	Jubbulpore, 12 months.	2	2
53rd ,, ,,	101	125 1,237·6	2 19·80	7 69·31	7·94 78·61	... ...	3 29·7	... ...	1 9·90	... ...	... ...	... ...	... ...	... ...	... ...	1 9·90	21	Deesa, 8⅔ months; (left for South Africa on the 19th September).	13	6
54th ,, ,,	142	178 1,253·5	1 7·04	4 28·17	10·47 73·73	... ...	6 42·3	... ...	1 7·04	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14	Meerut, and Practice Camp, Pur, 12 months.	9	2

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.	
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y.	M.
th Field Battery, Royal Artillery.	157	290 1,847·1	... ...	4 25·48	16·44 104·71	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	23	Saugor, 12 months	11	2
th ,, ,,	145	277 1,910·3	2 13·79	2 13·79	13·55 93·45	... ...	2 13·8	... ...	... ...	... ...	... ...	... ...	... ...	1 6·90	... ...	... ...	15	Campbellpur, 3⅓ months; Meean Meer, 8 months; marching, ⅔ month.	3	1
th ,, ,,	145	199 1,372·4	2 13·79	3 20·69	13·62 93·93	... ...	6 41·4	... ...	2 13·79	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	Kamptee, 12 months.	1	1
oth ,, ,,	148	132 891·9	3 20·27	3 20·27	10·11 68·31	... ...	5 33·8	... ...	2 13·51	... ...	... ...	... ...	... ...	... ...	1 6·76	... ...	16	Allahabad, 12 months.	13	0
oth ,, ,,	140	99 707·1	... ...	10 71·43	5·61 40·07	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14	Bareilly, 9 months; marching, 3 months.	13	1
st ,, ,,	149	178 1,194·6	2 13·42	6 40·27	10·05 67·45	... ...	1 6·7	... ...	... ...	... ...	... ...	... ...	... ...	1 6·71	... ...	... ...	28	Mooltan and Practice Camp, Sukhi Sarwar, 12 months.	12	0
2nd ,, ,,	131	226 1,725·2	9 68·70	11 83·97	13·92 106·26	... ...	2 15·3	... ...	3 22·90	... ...	... ...	... ...	... ...	... ...	... ...	1 7·63	10	Bellary, 12 months	11	2
oth ,, ,,	146	226 1,547·9	2 13·70	7 47·95	12·54 85·89	... ...	1 6·8	... ...	1 6·85	... ...	... ...	... ...	... ...	... ...	... ...	1 6·85	17	Nowgong, 12 months.	3	1
No. 1 Battery, Mountain Division, Royal Garrison Artillery.	110	62 563·6	2 18·18	4 36·36	2·94 26·73	... ...	3 27·3	... ...	1 9·09	... ...	... ...	... ...	1 9·09	... ...	... ...	... ...	...	Rawalpindi, 1⅓ month; Lundi Kotal, 10 months; Peshawar, ⅓ month; marching, ⅓ month.	16	2
,, 2 ,, ,,	101	112 1,108·9	3 29·70	4 39·60	5·46 54·06	... ...	4 39·6	... ...	3 29·70	... ...	... ...	... ...	... ...	... ...	... ...	... ...	10	Rawalpindi, 4⅔ months; Khyragully, 5⅓ months; marching, 2 months.	13	11
,, 3 ,, ,,	103	123 1,194·2	... ...	3 29·13	6·86 66·60	... ...	1 9·7	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	8	Lundi Kotal, 1⅔ month; Rawalpindi, 3⅔ months; Baragully, 5⅔ months; marching, 1 month.	21	1
,, 5 ,, ,,	99	94 949·5	4 40·40	6 60·61	5·99 60·51	... ...	7 70·7	... ...	3 30·30	... ...	... ...	... ...	... ...	... ...	... ...	... ...	12	Rawalpindi, 5⅓ months; Kalabagh, 5⅔ months; marching, 1 month.	21	1
,, 6 ,, ,,	92	127 1,380·4	1 10·87	2 21·74	6·30 68·48	... ...	3 32·6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 10·87	25	Umballa, 4 months; Jutogh, 7 months; marching, 1 month.	14	2

TABLE XIV—*continued.*

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.	
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y.	M
No. 7 Battery, Mountain Division, Royal Garrison Artillery.	96	149 1,552·1	3 31·25	5 52·08	11·66 121·46	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	2 20·83	... ...	... ...	23	Quetta, 12 months	13	10
„ 8 „ „	107	53 495·3	1 9·35	3 28·04	3·75 35·05	... ...	1 9·3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Darjeeling, 11 months; Camp, Bagdogra, 1 month.	12	2
„ 9 „ „	100	151 1,510·0	1 10·00	8 80·00	9·18 91·80	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	15	Mandalay, 12 months.	15	2
No. 1 Eastern Division, Royal Garrison Artillery.	113	135 1,194·7	1 8·85	6 53·10	7·78 68·85	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 8·85	11	Fort Fulta, 1⅔ month; Fort Chingrikhal, ⅓ month; Calcutta, 8⅔ months; marching, 1⅓ month.	11	0
„ 3 „ „	133	109 819·5	3 22·56	6 45·11	6·46 48·57	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 7·52	... ...	17	Rangoon, 12 months.	5	2
„ 4 „ „	137	89 649·6	... ...	4 29·20	4·62 33·72	... ...	1 7·3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	38	Kurrachee, 12 months.	11	0
„ 7 „ „	14	13 928·6	1 71·43	... ...	·47 33·57	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 71·43	55	Mooltan, 1¾ month; arrived from England on the 9th November).	0	1
„ 8 „ „	135	187 1,385·2	... ...	6 44·44	10·94 81·04	... ...	1 7·4	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	22	Aden, 12 months.	12	2
„ 9 „ „	127	194 1,527·6	... ...	2 15·75	10·04 79·06	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	9	Fort Chingrikhal, 2 months; Fort Allahabad, 7½ months; Calcutta, 1¼ month; marching, 1¼ month.	4	0
„ 12 „ „	74	66 891·9	1 13·51	2 27·03	5·82 78·65	... ...	3 40·5	... ...	1 13·51	... ...	... ...	... ...	... ...	... ...	... ...	... ...	8	Mooltan and Practice Camp, Sukhi Sarwar, 9⅔ months; (left for England, on the 22nd October).	4	9
„ 13 „ „	131	130 992·4	1 7·63	2 15·27	7·94 60·61	... ...	1 7·6	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	27	Bombay, 12 months.	13	1
„ 24 „ „	126	182 1,444·4	1 7·94	3 23·81	8·14 64·60	... ...	1 7·9	... ...	1 7·94	... ...	... ...	... ...	... ...	... ...	... ...	... ...	25	Delhi, 9½ months; Fort Chingrikhal, 1½ month; marching, 1 month.	5	0
„ 26 „ „	140	107 764·3	... ...	2 14·29	7·41 52·93	... ...	3 21·4	... ...	1 7·14	... ...	... ...	... ...	... ...	... ...	... ...	... ...	12	Bombay, 12 months.	5	2
No. 5 Southern Division, Royal Garrison Artillery.	124	138 1,112·9	2 16·13	7 56·45	12·16 98·06	... ...	1 8·1	... ...	1 8·06	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Agra, 12 months.	12	2
„ 6 „ „	118	121 1,025·4	... ...	4 33·90	7·61 64·49	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	Roorkee and Practice Camp, Pur, 11 months; (arrived from Ceylon on the 6th February).	0	11
„ 9 „ „	125	102 816·0	1 8·00	3 24·00	8·38 67·04	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 8·00	29	Roorkee and Practice Camp, Pur, 12 months.	12	2

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y. M.
o. 11 Southern Division, Royal Garrison Artillery.	130	116 892·3	1 7·69	11 84·62	9·62 74·00	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	19	Roorkee and Practice Camp, Pur, 12 months.	10 1
, 18 ,, ,,	149	174 1,167·8	3 20·13	5 33·56	7·56 50·74	... ...	1 6·7	... ...	1 6·71	... ...	... ...	... ...	... ...	... ...	1 6·71	... ...	21	Aden, 12 months.	10 1
, 23 ,, ,,	127	112 881·9	3 23·62	6 47·24	9·32 73·39	... ...	1 7·9	... ...	... ...	... ...	... ...	... ...	1 7·87	1 7·87	... ...	... ...	25	Quetta, 12 months.	5 3
, 24 ,, ,,	75	152 2,026·7	4 53·33	3 40·00	6·55 87·33	... ...	1 13·3	... ...	1 13·33	... ...	... ...	... ...	... ...	... ...	... ...	... ...	23	Campbellpur, 11 months; Rawalpindi, ⅔ month; marching, ⅓ month.	12 2
, 28 ,, ,,	7	8 1,142·9	... ...	1 142·86	·34 48·57	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Bombay, 25 days; (left for England on the 26th January).	15 3
, 29 ,, ,,	134	326 2,432·8	4 29·85	7 52·24	16·81 125·45	... ...	... ...	... ...	... ...	... ...	... ...	1 7·46	... ...	... ...	2 14·93	... ...	...	Fort Chingrikhal, 4 months; Barrackpore, 8 months.	1 3
,, 33 ,, ,,	131	191 1,458·0	... ...	5 38·17	9·20 70·23	... ...	2 15·3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	6	Rawalpindi, 3⅔ months; Camp Thobba, 6 months; Fort Attock, 2 months; marching, ⅓ month.	3 0
o. 4 Western Division, Royal Garrison Artillery.	115	79 687·0	4 34·78	3 26·09	5·29 46·00	... ...	2 17·4	... ...	2 17·39	... ...	... ...	... ...	... ...	... ...	1 8·70	... ...	15	Kurrachee, 2 months; Ferozepore, 10 months. Detachment, Amritsar, 12 months.	5 2
, 5 ,, ,,	131	197 1,503·8	1 7·63	3 22·90	10·89 83·13	... ...	2 15·3	... ...	... ...	... ...	... ...	1 7·63	... ...	... ...	... ...	... ...	16	Fort Attock, 3⅓ months; Rawalpindi, 8⅔ months. Detachment, Camp Thobba, 6 months.	7 2
,, 7 ,, ,,	91	75 824·2	2 21·98	2 21·98	4·47 49·12	... ...	4 44·0	... ...	... ...	... ...	... ...	1 10·99	1 10·99	... ...	... ...	... ...	40	Jhansi, 10 months; marching, 2 months.	5 2
,, 9 ,, ,,	87	83 954·0	1 11·49	4 45·98	5·64 64·83	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	46	Secunderabad, 10 months; marching, 2 months.	5 2
,, 11 ,, ,,	131	152 1,160·3	2 15·27	3 22·90	5·36 40·92	... ...	... ...	... ...	... ...	... ...	... ...	1 7·63	... ...	... ...	1 7·63	... ...	...	Madras, 12 months.	12 2
,, 16 ,, ,,	139	141 1,014·4	3 21·58	16 115·11	8·94 64·32	... ...	1 7·2	... ...	... ...	... ...	... ...	1 7·19	... ...	... ...	... ...	1 7·19	13	Aden, 12 months.	12 2
,, 18 ,, ,,	133	156 1,172·9	2 15·04	5 37·59	10·31 77·52	... ...	2 15·0	... ...	1 7·52	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	Bombay, 12 months.	5 2
,, 22 ,, ,,	136	107 786·8	1 7·35	7 51·47	7·90 58·09	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 7·35	... ...	14	Rangoon, 12 months.	14 2
,, 25 ,, ,,	135	136 1,007·4	5 37·04	3 22·22	10·15 75·19	... ...	1 7·4	... ...	... ...	... ...	... ...	... ...	... ...	2 14·81	... ...	... ...	22	Quetta, 12 months.	2 0
TOTAL	11,684	14,041 1,201·7	190 16·26	461 39·46	856·65 73·32	1 ·1	276 23·6	1 ·09	77 6·59	2 ·17	... ...	9 ·77	4 ·34	12 1·03	11 ·94	21 1·80			

TABLE XIV —*continued.*

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.	
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y.	M.
H. COMPANY, ROYAL ENGINEERS.	93	58 623·7	1 10·75	1 10·75	1·12 12·04	... ...	1 10·8	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	8	Calcutta, Fort Fulta, Roorkee, Bangalore, Kirkee. and Bombay.	32	0
INFANTRY.																				
2nd Royal Scotts	933	1,024 1,097·5	8 8·57	41 43·94	70·82 75·91	... ...	17 18·2	... ...	2 2·14	... ...	... ...	... ...	... ...	... ...	... ...	3 3·22	297	Poona, 12 months. Wing, Mandalay, 1⅔ month.	7	9
1st Royal West Surrey Regiment.	944	636 673·7	4 4·24	20 21·19	42·93 45·48	... ...	15 15·9	... ...	2 2·12	... ...	... ...	... ...	... ...	... ...	... ...	... ...	119	Rawalpindi, 6 months; Camp Gharial, 6 months.	4	11
1st East Kent Regiment.	959	1,005 1,048·0	9 9·38	9 9·38	72·54 75·64	... ...	7 7·3	... ...	3 3·13	... ...	1 1·04	3 3·13	... ...	1 1·04	... ...	1 1·04	222	Kamptee, 12 months. Detachment, Sitabaldi, 12 months.	12	9
1st Royal Warwickshire Regiment.	831	1,487 1,789·4	5 6·02	16 19·25	91·67 110·31	... ...	3 3·6	... ...	... ...	... ...	... ...	1 1·20	... ...	... ...	2 2·41	... ...	342	Madras, 12 months. Wing, Bellary, 12 months.	1	2
1st Royal Fusiliers.	934	780 835·1	20 21·41	26 27·84	48·40 51·82	... ...	50 53·5	... ...	14 14·99	... ...	... ...	... ...	... ...	... ...	... ...	... ...	263	Nasirabad, 12 months. Detachments, Neemuch, 12 months; Taragarh, 7 months.	12	0
1st Norfolk Regiment.	896	1,103 1,231·0	4 4·46	40 44·64	70·81 79·03	... ...	17 19·0	... ...	2 2·23	... ...	... ...	... ...	... ...	... ...	... ...	... ...	262	Allahabad, 3 months; Bombay, 9 months. Detachments, Deesa, 9 months; Ahmedabad, 9 months; Fort, Allahabad, 1⅔ month.	10	10
1st Lincolnshire Regiment.	941	719 764·1	5 5·31	10 10·63	55·69 59·18	... ...	12 12·8	... ...	1 1·06	... ...	... ...	... ...	... ...	... ...	... ...	... ...	293	Secunderabad, 12 months.	1	2
1st Devonshire Regiment.	725	710 979·3	8 11·03	17 23·45	47·54 65·57	... ...	14 19·3	... ...	3 4·14	1 1·38	... ...	... ...	... ...	1 1·38	... ...	1 1·38	50	Jullundur, 8½ months; (left for South Africa on the 16th September). Detachment, Dalhousie, 12 months.	6	8
2nd Suffolk Regiment.	979	981 1,002·0	6 6·13	36 36·77	59·72 61·00	... ...	15 15·3	... ...	3 3·06	... ...	... ...	... ...	... ...	... ...	1 1·02	... ...	203	Rangoon, 1½ month; Quetta, 10 months; marching, ½ month. Detachment, Port Blair, 1½ month.	8	10
1st Somersetshire Light Infantry.	923	796 862·4	10 10·83	22 23·83	49·42 53·54	... ...	35 37·9	... ...	6 6·50	... ...	... ...	... ...	... ...	1 1·08	... ...	... ...	141	Rawalpindi, 5 months; Camp Upper Topa, 6½ months; marching ⅔ month. Detachment, Campbellpur, 7⅓ months.	6	0
1st West Yorkshire Regiment.	903	739 818·4	9 9·97	22 24·36	37·09 41·07	... ...	7 7·8	... ...	2 2·21	... ...	... ...	... ...	... ...	1 1·11	... ...	... ...	150	Kurrachee, 11 months; (arrived from Singapore on the 3rd February).	0	11
1st East Yorkshire Regiment.	968	1,356 1,400·8	4 4·13	43 44·42	72·13 74·51	... ...	7 7·2	... ...	3 3·10	... ...	... ...	... ...	... ...	... ...	... ...	... ...	242	Belgam, 12 months.	4	1

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y. M.
st Bedfordshire Regiment.	909	1,268 1,394·9	24 26·40	38 41·80	70·04 77·05	... ...	23 25·3	... ...	11 12·10	2 2·20	1 1·10	1 1·10	... ...	2 2·20	... ...	2 2·20	201	Mooltan, 12 months. Detachment, Dalhousie, 12 months.	9 0
nd Royal Irish Regiment.	933	1,334 1,429·8	6 6·43	44 47·16	82·60 88·53	... ...	10 10·7	... ...	3 3·22	... ...	... ...	... ...	1 1·07	... ...	1 1·07	... ...	171	Mhow, 12 months. Detachment, Indore, 12 months.	14 11
nd Yorkshire Regiment.	947	1,008 1,064·4	13 13·73	18 19·01	49·58 52·35	... ...	24 25·3	... ...	5 5·28	... ...	... ...	... ...	... ...	1 1·06	3 3·17	2 2·11	271	Peshawar, 2¼ months; Dagshai, 6¾ months; Umballa, 2 months; marching, 1 month.	9 11
1st Royal Scots Fusiliers.	983	1,109 1,128·2	20 20·35	11 11·19	54·91 55·86	... ...	24 24·4	... ...	11 11·19	... ...	... ...	... ...	2 2·03	3 3·05	... ...	1 1·02	112	Lundi Kotal, 2 months; Peshawar, 10 months. Detachment, Cherat, 5 months	3 2
1st Cheshire Regiment.	979	1,183 1,208·4	14 14·30	41 41·88	90·02 91·95	... ...	17 17·4	... ...	4 4·09	... ...	... ...	... ...	1 1·02	1 1·02	2 2·04	2 2·04	280	Secunderabad, 12 months. Detachments, Bangalore, 1 month; Wellington, 12 months.	12 2
1st South Wales Borderers.	1,056	945 894·9	12 11·36	13 12·31	62·49 59·18	... ...	36 34·1	... ...	6 5·68	... ...	1 ·95	... ...	1 ·95	1 ·95	2 1·89	... ...	111	Meerut, 2 months. Chakrata, 8 months; marching, 2 months. Detachment, Delhi, 2 months.	2 0
2nd King's Own Scottish Borderers.	928	1,280 1,379·3	8 8·62	50 53·88	89·61 96·56	... ...	13 14·0	... ...	1 1·08	... ...	... ...	1 1·08	... ...	... ...	... ...	2 2·16	261	Cawnpore, 12 months. Detachments, Fatehgarh, 12 months; Chakrata, 7 months.	9 11
1st Scottish Rifles	832	751 902·6	18 21·63	22 26·44	56·88 68·37	... ...	22 26·4	... ...	5 6·01	... ...	... ...	2 2·40	2 2·40	... ...	1 1·20	1 1·20	142	Lucknow, 12 months. Detachment, Ranikhet, 7½ months.	5 0
2nd Royal Inniskilling Fusiliers.	993	1,266 1,274·9	19 19·13	39 39·27	64·56 65·02	... ...	19 19·1	... ...	6 6·04	... ...	... ...	... ...	... ...	4 4·03	1 1·01	... ...	61	Peshawar, 2⅓ months; Meean Meer, 8⅔ months Marching, 1 month. Detachment, Dalhousie, 12 months.	11 0
1st Gloucestershire Regiment.	759	825 1,087·0	11 14·49	30 39·53	60·78 80·08	... ...	15 19·8	... ...	7 9·22	... ...	... ...	1 1·32	... ...	... ...	1 1·32	1 1·32	61	Calcutta, 3⅓ months; Allahabad, 5⅓ months; (left for South Africa on the 22nd September). Detachment, Fort Allahabad, 7 months.	2 7
2nd East Lancashire Regiment.	949	986 1,039·0	7 7·38	36 37·93	90·01 94·85	... ...	9 9·5	... ...	2 2·11	... ...	... ...	... ...	1 1·05	... ...	... ...	2 2·11	204	Bareilly, 4 months; Ranikhet, 7⅔ months; marching, ⅓ month.	2 2

TABLE XIV—*continued.*

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y. M.
1st East Surrey Regiment.	810	926 1,143·2	15 18·52	35 43·21	63·69 78·63	... ...	25 30·9	... ...	5 6·17	... ...	... ...	1 1·23	... ...	2 2·47	1 1·23	1 1·23	43	Jhansi, 11 months; Lucknow, 1 month. Detachment, Nowgong, 12 months.	14 11
1st Duke of Cornwall's Light Infantry.	920	948 1,030·4	11 11·96	50 54·35	70·67 76·82	... ...	25 27·2	... ...	6 6·52	... ...	... ...	... ...	2 2·17	... ...	... ...	2 2·17	68	Lucknow, 12 months. Detachment Ranikhet, 7½ months.	11 10
2nd West Riding Regiment.	1,048	1,240 1,183·2	9 8·59	46 43·89	91·48 87·29	... ...	11 10·5	... ...	3 2·86	1 ·95	... ...	... ...	... ...	... ...	1 ·95	1 ·95	...	Bangalore, 9¼ months; Rangoon, 2 months; marching, ¾ month.	2 0
2nd Border Regiment.	932	918 985·0	14 15·02	24 25·75	60·82 65·26	... ...	29 31·1	... ...	6 6·44	... ...	... ...	... ...	1 1·07	2 2·15	... ...	3 3·22	204	Quetta, 2 months; Bareilly, 10 months. Detachment, Ranikhet, 7½ months.	9 10
2nd Royal Sussex Regiment.	943	854 905·6	7 7·42	32 33·93	41·70 44·22	... ...	18 19·1	... ...	5 5·30	... ...	... ...	1 1·06	... ...	... ...	... ...	... ...	111	Sialkot, 12 months. Detachments, Amritsar 12 months; Camp Thobba, 5½ months.	14 0
1st Hampshire Regiment.	956	920 962·3	12 12·55	20 20·92	51·37 53·73	... ...	21 22·0	... ...	4 4·18	... ...	... ...	... ...	1 1·05	4 4·18	1 1·05	1 1·05	175	Lundi Kotal, 2¼ months; Peshawar, 3¾ months; Cherat, 6 months.	13 11
2nd South Staffordshire Regiment.	1,069	1,060 991·6	10 9·35	28 26·19	64·75 60·57	... ...	8 7·5	... ...	3 2·81	... ...	... ...	... ...	1 ·94	... ...	... ...	3 2·81	161	Thayetmyo, 10¾ months; Umballa, ¾ month; marching and sea voyage ½ month. Wing, Meiktila, 12 months.	4 2
1st Dorsetshire Regiment.	1,040	983 945·2	12 11·54	21 20·19	57·01 54·82	... ...	9 8·7	... ...	3 2·88	... ...	1 ·96	2 1·92	1 ·96	... ...	... ...	... ...	112	Nowshera, 12 months. Detachments, Cherat, 5½ months; Fort Attock, 12 months.	6 3
2nd South Lancashire Regiment.	955	1,634 1,711·0	16 16·75	44 46·07	99·42 104·10	... ...	25 26·2	... ...	6 6·28	... ...	... ...	... ...	1 1·05	2 2·09	2 2·09	1 1·05	161	Jubbulpore, 12 months. Detachment, Saugor, 12 months.	4 10
2nd Welsh Regiment.	867	1,209 1,394·5	15 17·30	43 49·60	72·65 83·79	... ...	40 46·1	... ...	8 9·23	... ...	... ...	... ...	1 1·15	1 1·15	... ...	1 1·15	27	Bellary, 1½ month; Ahmednagar, 10½ months. Detachment, Satara, 8½ months.	7 3

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y. M.
1st Royal Highlanders.	907	915 1,008·8	11 12·13	10 11·03	61·07 67·33	... ...	21 23·2	... ...	2 2·21	1 1·10	... ...	1 1·10	1 1·10	... ...	1 1·10	... ...	14	Sitapur, 12 months. Wing, Benares, 12 months. Detachment, Chakrata, 7 months.	3 10
2nd Oxfordshire Light Infantry.	955	1,342 1,405·2	13 13·61	42 43·98	73·61 77·08	... ...	14 14·7	... ...	4 4·19	1 1·05	1 1·05	... ...	1 1·05	... ...	1 1·05	1 1·05	145	Ferozepore, 12 months. Detachments, Dalhousie, 12 months; Meean Meer, 3⅓ months.	13 9
2nd Essex Regiment.	923	1,156 1,252·4	8 8·67	17 18·42	55·59 60·23	... ...	4 4·3	... ...	1 1·08	1 1·08	1 1·08	... ...	1 1·08	... ...	... ...	3 3·25	75	Shwebo, 12 months. Detachments, Bhamo, 12 months; Thayetmyo, 1 month.	7 2
2nd Derbyshire Regiment.	506	610 1,205·5	6 11·86	16 31·62	32·41 64·05	... ...	3 5·9	... ...	1 1·98	... ...	... ...	... ...	... ...	... ...	1 1·98	1 1·98	...	Aden, 9½ months; (left for Malta on the 15th October).	16 11
1st Northamptonshire Regiment.	818	1,113 1,360·6	14 17·11	30 36·67	83·06 101·54	... ...	40 48·9	... ...	6 7·33	... ...	... ...	1 1·22	1 1·22	... ...	1 1·22	1 1·22	60	Fyzabad, 8⅔ months; Allahabad, 3⅓ months. Detachments, Fort Allahabad, 3⅓ months; Chakrata, 7 months.	7 2
1st Royal West Kent Regiment.	738	1,093 1,481·0	10 13·55	44 59·62	63·07 85·46	... ...	9 12·2	... ...	3 4·07	1 1·36	1 1·36	... ...	2 2·71	... ...	... ...	... ...	104	Calcutta, ¼ month; Rangoon 8¼ months; Aden, 2½ months; marching and sea voyage, 1 month.	7 11
2nd King's Own Yorkshire Light Infantry.	172	254 1,476·7	1 5·81	24 139·53	29·96 174·19	... ...	3 17·4	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 5·81	... ...	...	Ahmednagar, 3 months; (left for South Africa on the 1st April). Detachment, Satara, 1½ month.	12 1
1st Shropshire Light Infantry.	979	1,153 1,177·7	6 6·13	32 32·69	69·19 70·67	... ...	5 5·1	... ...	3 3·06	... ...	... ...	... ...	... ...	... ...	... ...	... ...	92	Bombay, 3 months; Poona, 9 months. Detachments, Deesa, 3 months; Kirkee, 6 months; Ahmedabad, 3 months.	5 0
1st Middlesex Regiment.	893	1,085 1,215·0	8 8·96	50 55·99	69·74 78·10	... ...	13 14·6	... ...	4 4·48	... ...	... ...	... ...	... ...	... ...	... ...	... ...	161	Wellington, 12 months Detachments, Mallapuram, Cannanore, and Calicut, 12 months in each.	1 9
2nd King's Royal Rifle Corps.	421	480 1,140·1	2 4·75	10 23·75	23·67 56·22	... ...	3 7·1	... ...	1 2·38	... ...	... ...	1 2·38	... ...	... ...	... ...	... ...	210	Calcutta, 5½ months; (arrived from Wynberg, Cape, on the 4th April and left for South Africa on the 21st September).	0 5
1st Wiltshire Regiment.	998	821 822·6	5 5·01	11 11·02	53·84 53·95	... ...	10 10·0	... ...	2 2·00	... ...	... ...	... ...	... ...	1 1·00	... ...	... ...	287	Quetta, 12 months.	4 3

TABLE XIV—*concluded.*

STATISTICS OF REGIMENTS.

CORPS.	Average annual strength.	Admissions and ratio per 1,000.	Deaths and ratio per 1,000.	Invalids and ratio per 1,000.	Constantly sick and ratio per 1,000.	ADMISSIONS AND ADMISSION-RATES.		DEATHS AND DEATH-RATES.									Arrivals in India in 1899.	Stations occupied during the year.	Period of service in India.
						Cholera.	Enteric Fever.	Cholera.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Hepatic Abscess.			Y.
1st North Staffordshire Regiment.	1,087	845 777·4	14 12·88	7 6·44	49·44 45·48	... ...	41 37·7	... ...	5 4·60	... ...	... ...	... ...	... ...	... ...	... ...	4 3·68	262	Umballa, 3 months; Subathu, 7⅔ months; Jhansi, 1 month; marching, ⅓ month. Detachment, Jutogh, 7 months.	2
2nd York and Lancaster Regiment.	947	1,074 1,134·1	13 13·73	38 40·13	96·32 101·71	... ...	30 31·7	... ...	9 9·50	... ...	... ...	... ...	... ...	... ...	... ...	... ...	219	Agra, 12 months.	2
2nd Durham Light Infantry.	935	1,954 2,089·8	4 4·28	30 32·09	99·08 105·97	... ...	3 3·2	... ...	1 1·07	1 1·07	... ...	1 1·07	... ...	... ...	... ...	... ...	71	Mandalay, 12 months. Detachment, Poona, 2 months.	13
2nd Highland Light Infantry.	84	99 1,178·6	... ...	9 107·14	4·80 57·14	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Kurrachee, 1⅙ month; (left for Ceylon on the 6th February).	14
2nd Gordon Highlanders.	714	832 1,165·3	15 21·01	13 18·21	56·32 78·88	... ...	33 46·2	... ...	10 14·01	... ...	... ...	... ...	1 1·40	... ...	... ...	... ...	41	Umballa, 8⅔ months; (left for South Africa on the 19th September). Wing, Solon, 5 months; Detachment, Dagshai, 5 months.	7
1st Royal Irish Rifles.	716	1,648 2,301·7	30 41·90	10 13·97	74·58 104·16	... ...	8 11·2	... ...	3 4·19	4 5·59	... ...	2 2·79	1 1·40	1 1·40	7 9·78	7 9·78	...	Dum Dum, 5 months; Calcutta 3½ months; (arrived from Natal on the 16th April).	0
2nd Royal Irish Rifles.	114	173 1,517·5	... ...	13 114·04	10·01 87·81	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Poona, ⅔ month; (left for England on the 22nd January). Detachment, Dum Dum, 3 months.	4
2nd Connaught Rangers.	1,064	1,909 1,794·2	12 11·28	30 28·20	100·85 94·78	... ...	8 7·5	... ...	1 ·94	2 1·88	... ...	1 ·94	2 1·88	... ...	... ...	... ...	161	Meerut, 12 months. Detachments, Delhi and Chakrata, 12 months in each.	12
2nd Argyll and Sutherland Highlanders.	896	886 988·8	4 4·46	23 25·67	64·37 71·84	... ...	8 8·9	... ...	3 3·35	... ...	... ...	... ...	... ...	... ...	1 1·12	... ...	163	Bareilly, 3⅔ months; Chaubuttia, 8 months; marching, ⅓ month. Wing, Shahjahanpur, 12 months.	8
2nd Royal Munster Fusiliers.	926	944 1,019·4	11 11·88	19 20·52	73·59 79·47	... ...	11 11·9	... ...	3 3·24	2 2·16	... ...	1 1·08	2 2·16	1 1·08	... ...	1 1·08	18	Dinapore, 12 months. Detachment, Lebong, 12 months.	15
3rd Rifle Brigade	907	635 700·1	5 5·51	14 15·44	39·12 43·13	... ...	15 16·5	... ...	2 2·21	... ...	1 1·10	... ...	1 1·10	1 1·10	... ...	... ...	132	Rawalpindi, 6 months; Kuldunnah, 5⅔ months; marching, ⅓ month.	10
TOTAL .	47,444	55,004 1,159·3	557 11·74	1,479 31·17	3,447·49 72·66	... ...	904 19·1	... ...	215 4·53	17 ·36	8 ·17	21 ·44	29 ·61	31 ·65	32 ·67	49 1·03			
Garrison Staff and Departments.	3,775	3,261 863·8	21 5·56	43 11·39	295·63 78·31	... ...	2 ·5	... ...	1 ·26	... ...	2 ·53	... ...	2 ·53	1 ·26	... ...	3 ·79	...	Various.	
Men of various corps marching.	114	58 508·8	1 8·77	... ...	1·29 11·32	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	Various.	
GRAND TOTAL	67,697	77,765 1,148·7	863 12·75	2,142 31·64	4,942·13 73·00	1 ...	1,392 20·6	1 ·01	348 5·14	19 ·28	11 ·16	34 ·50	38 ·56	45 ·66	44 ·65	85 1·26			

TABLE XV.

A.—STRENGTH, ADMISSIONS from ALL CAUSES, ADMISSIONS from ENTERIC FEVER, of the Army of India in 1899, in relation to AGE and LENGTH of RESIDENCE in INDIA.

	By Age.						By length of residence.						
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 years and upwards.
Strength	1,973	32,947	24,658	4,664	1,509	464	12,028	12,191	10,735	9,481	8,157	11,397	2,226
Per cent. of total	3	50	37	7	2	1	18	18	16	14	12	17	3
1894-98	3	52	35	7	2	1	18	18	18	16	12	15	3
Admissions from all causes	1,821	46,516	25,566	2,508	677	202	17,912	15,587	12,043	9,982	8,769	11,986	1,011
Admissions from Enteric Fever	37	1,025	275	27	3	...	618	364	121	99	67	98	...
All causes per 1,000	923·0	1,411·8	1,036·8	537·7	448·6	435·3	1,489·2	1,278·6	1,121·8	1,052·8	1,075·0	1,051·7	454·2
Enteric Fever per 1,000	18·8	31·1	11·2	5·8	2·0	...	51·4	29·9	11·3	10·4	8·2	8·6	...
Liability to Enteric Fever	27·29	45·14	16·26	8·42	2·90	...	42·90	24·96	9·43	8·68	6·84	7·18	...
Enteric Fever per cent. of all causes	2·03	2·20	1·08	1·08	·44	...	3·45	2·34	1·00	·99	·76	·82	...

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded. Details of age and service of men admitted for enteric fever on the march are not available.

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

Year.	Arrived in India.*		Year.	Men.								
				Per cent. of Strength.			Strength.	Ratio per 1,000.			Ratio per cent. of total admission.	
				Age.	Length of residence.	Married. ‡		Admissions.				
	Men.	Women.		Under 25 years.	Under 5 years.			All causes.	Venereal Diseases.	Enteric Fever.	Venereal Diseases.	Enteric Fever.
1870-71	8,805	826	1870	...	...	...	54,578	1,645·4	191·2	3·1	11·62	·19
1871-72	9,134	920	1871	40	...	11·19	56,806	1,449·6	196·8	3·6	13·58	·25
1872-73	8,271	809	1872	39	...	11·32	58,870	1,497·0	179·0	3·8	11·96	·25
1873-74	8,680	816	1873	39	...	11·26	58,769	1,328·1	166·7	3·6	12·55	·27
1874-75	7,840	673	1874	38	...	11·10	59,308	1,357·7	192·7	4·1	14·20	·30
1875-76	7,568	752	1875	36	...	10·80	58,409	1,337·8	205·1	2·8	15·33	·21
1876-77	8,170	591	1876	33	...	10·37	57,858	1,361·5	189·9	4·6	13·95	·34
1877-78	9,113	482	1877	33	56	9·70	57,260	1,257·3	208·5	4·1	16·59	·32
1878-79	13,113	575	1878	35	60	7·59	56,475	1,651·3	271·3	8·5	16·43	·51
1879-80	13,342	612	1879	39	61	6·63	59,082	1,871·2	234·8	8·0	12·55	·43
1880-81	13,165	664	1880	41	65	6·36	59,717	1,754·2	249·7	7·9	14·23	·45
1881-82	9,895	349	1881	43	70	5·94	58,728	1,604·6	260·5	5·6	16·23	·35
1882-83	9,748	325	1882	41	72	5·43	57,269	1,444·9	265·2	6·2	18·35	·43
1883-84	12,525	433	1883	41	75	5·20	55,525	1,335·7	270·3	7·7	20·23	·58
1884-85	11,822	393	1884	45	75	5·05	54,996	1,513·4	293·9	11·7	19·42	·77
1885-86	17,766	508	1885	48	73	4·23	56,967	1,532·7	342·7	11·2	22·36	·73
1886-87	11,645	372	1886	52	75	3·90	61,015	1,513·9	389·5	18·1	25·73	1·20
1887-88	11,729	459	1887	52	73	3·84	63,515	1,369·7	361·2	12·7	26·37	·93
1888-89	12,407	506	1888	50	76	3·65	68,887	1,381·7	370·6	13·6	26·82	·99
1889-90	12,270	532	1889	49	78	3·60	69,266	1,498·0	481·5	22·9	32·14	1·53
1890-91	14,046	542	1890	50	80	3·70	67,823	1,520·2	503·5	18·5	33·12	1·22
1891-92	15,456	529	1891	51	79	3·36	67,030	1,379·1	400·7	20·4	29·06	1·48
1892-93	15,894	540	1892	51	80	3·29	68,137	1,517·3	409·9	22·1	27·01	1·46
1893-94	15,090	482	1893	53	79	3·29	70,091	1,414·9	466·0	20·0	32·94	1·41
1894-95	15,957	517	1894	54	81	...†	71,082	1,508·0	511·4	20·9	33·91	1·38
1895-96	14,346	654	1895	55	83	...	71,031	1,461·8	522·3	26·3	35·73	1·80
1896-97	14,805	545	1896	56	82	...	70,484	1,386·7	511·6	25·5	36·89	1·84
1897-98	16,227	543	1897	55	84	...	68,395	1,556·9	485·7	32·4	31·20	2·08
1898-99	16,911	648	1898	54	81	...	67,741	1,436·9	362·9	36·9	25·26	2·57
1899-1900	3,369	168	1899	53	78	...	67,697	1,148·7	313·4	20·6	27·28	1·79

* In ordinary years the departures *plus* the deaths nearly balance the arrivals.

† Return abolished.

‡ On the 1st May of each year.

TABLE XVI.

RELATION of MORTALITY to AGE and LENGTH of RESIDENCE in INDIA.

A.—AGE.

Causes of Death.	(a) Died per 1,000. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(b) Liability in percentages. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Enteric Fever	4·05	7·59	3·08	1·72	1·33	...	23	43	17	10	7	...
Cholera	...	·03	...	...	...	...	...	100	...	...	...	...
Dysentery	...	·55	·73	1·29	·66	...	...	17	23	40	20	...
Intermittent and Remittent Fevers	...	·52	·28	·64	·66	2·16	...	12	7	15	15	51
Alcoholism	...	·12	...	·21	1·33	4·31	...	2	...	4	22	72
Tubercle of the lungs	...	·39	·65	·64	1·33	2·16	...	8	13	12	26	42
Nervous Diseases	·51	·24	·28	...	·66	...	30	14	17	...	39	...
Circulatory Diseases	·51	·27	·53	1·72	1·99	6·47	4	2	5	15	17	56
Pneumonia	...	·55	·77	1·07	...	2·16	...	12	17	24	...	47
Other Respiratory Diseases	...	·06	·08	·21	...	2·16	...	2	3	8	...	86
Abscess of the liver	...	1·34	1·22	1·93	1·33	...	...	23	21	33	23	...
Urinary Diseases	...	·06	·24	...	·66	2·16	...	2	8	...	21	69
All Diseases	6·59	12·81	8·96	10·51	11·93	21·55	9	18	12	15	16	30
Heat-stroke	1·01	·30	·49	1·29	1·33	...	23	7	11	29	30	...
Suicide	...	·30	·32	·86	...	...	...	20	22	58	...	...
Other injuries	·51	·91	·81	·64	...	...	18	32	28	22	...	...
All Causes	8·11	14·33	10·58	13·29	13·25	21·55	10	18	13	16	16	27

Causes of Death.	(c) Number of deaths. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(d) Composition of 100 deaths at each age. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Enteric Fever	8	250	76	8	2	...	50	53	29	13	10	...
Cholera	...	1	...	...	...	...	...	...	...	...	...	...
Dysentery	...	18	18	6	1	...	...	4	7	10	5	...
Intermittent and Remittent Fevers	...	17	7	3	1	1	...	4	3	5	5	10
Alcoholism	...	4	...	1	2	2	...	1	...	2	10	20
Tubercle of the lungs	...	13	16	3	2	1	...	3	6	5	10	10
Nervous Diseases	1	8	7	...	1	...	6	2	3	...	5	...
Circulatory Diseases	1	9	13	8	3	3	6	2	5	13	15	30
Pneumonia	...	18	19	5	...	1	...	4	7	8	...	10
Other Respiratory Diseases	...	2	2	1	...	1	...	...	1	2	...	10
Abscess of the liver	...	44	30	9	2	...	...	9	11	15	10	...
Urinary Diseases	...	2	6	...	1	1	...	...	2	...	5	10
All Diseases	13	422	221	49	18	10	...	...	...	...	...	...
Heat-stroke	2	10	12	6	2	...	13	2	5	10	10	...
Suicide	...	10	8	4	...	...	...	2	3	6	...	...
Other injuries	1	30	20	3	...	...	6	6	8	5	...	...
All Causes	16	472	261	62	20	10	100	100	100	100	100	100

Causes of Death.	(e) Number of deaths. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	(f) Percentage at each age to total number. Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.
Enteric Fever	8	250	76	8	2	...	2	73	22	2	1	...
Cholera	...	1	...	...	...	...	...	100	...	...	...	...
Abscess of the liver	...	44	30	9	2	...	...	52	35	11	2	...
Suicide	...	10	8	4	...	...	...	45	36	18	...	...
All Causes	16	472	261	62	20	10	2	56	31	7	2	1

B.—LENGTH OF RESIDENCE IN INDIA.

Causes of Death.	(g) Died per 1,000. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(h) Liability in percentages. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	11·72	6·81	3·63	3·06	2·57	2·63	·45	38	22	12	10	8	9	1
Cholera	...	·08	...	...	...	...	...	...	100	...	...	...	...	...
Dysentery	1·00	·90	·19	·32	·74	·61	·90	21	19	4	7	16	13	19
Intermittent and Remittent Fevers	·67	·41	·56	·21	·25	·53	...	25	16	21	8	10	20	...
Alcoholism	·17	...	...	·32	...	·09	1·35	9	...	...	17	...	5	70
Tubercle of the lungs	·42	·33	·65	·32	·49	·97	·45	12	9	18	9	13	27	12
Nervous Diseases	·33	·16	·28	·42	·12	·18	·45	17	8	14	22	6	9	23
Circulatory Diseases	·42	·49	·37	·63	·12	·97	1·80	9	10	8	13	2	20	37
Pneumonia	·42	·41	·56	·74	·25	1·40	·90	9	9	12	16	5	30	19
Other Respiratory Diseases	...	...	·09	·11	·12	18	·45	...	...	9	12	13	19	48
Abscess of the liver	1·08	1·15	1·68	·95	1·23	1·49	1·80	12	12	18	10	13	60	19
Urinary Diseases	...	·08	...	·11	·12	·44	·90	...	5	...	7	7	27	55
All Diseases	18·12	11·73	8·66	7·91	6·99	10·79	10·78	24	16	12	11	9	14	14
Heat-stroke	1·00	·33	·47	·21	·25	·61	...	35	11	16	7	9	21	...
Suicide	·08	·16	·56	·21	·25	·79	...	4	8	27	10	12	39	...
Other injuries	·50	·74	·93	1·16	·86	·97	...	10	14	18	22	17	19	...
All Causes	19·70	12·96	10·62	9·49	8·34	13·16	10·78	23	15	12	11	10	15	13

Causes of Death.	(i) Number of deaths. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(j) Composition of 100 deaths in each period of residence. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	141	83	39	29	21	30	1	59	53	34	32	31	20	4
Cholera	...	1	...	...	...	...	...	...	1	...	...	...	...	...
Dysentery	12	11	2	3	6	7	2	5	7	2	3	9	5	8
Intermittent and Remittent Fevers	8	5	6	2	2	6	...	3	3	5	2	3	4	...
Alcoholism	2	...	...	3	...	1	3	1	...	...	3	...	1	12
Tubercle of the lungs	5	4	7	3	4	11	1	2	3	6	3	6	7	4
Nervous Diseases	4	2	3	4	1	2	1	2	1	3	4	1	1	4
Circulatory Diseases	5	6	4	6	1	11	4	2	4	4	7	1	7	17
Pneumonia	5	5	6	7	2	16	2	2	3	5	8	3	11	8
Other Respiratory Diseases	...	...	1	1	1	2	1	...	...	1	1	1	1	4
Abscess of the liver	13	14	18	9	10	17	4	6	9	16	10	15	11	17
Urinary Diseases	...	1	...	1	1	5	2	...	1	...	1	1	3	8
All Diseases	218	143	93	75	57	123	24	...	...	...	...	...	...	...
Heat-stroke	12	4	5	2	2	7	...	5	3	4	2	3	5	...
Suicide	1	2	6	2	2	9	...	...	1	5	2	3	6	...
Other injuries	6	9	10	11	7	11	...	3	6	9	12	10	7	...
All Causes	237	158	114	90	68	150	24	100	100	100	100	100	100	100

Causes of Death.	(k) Number of deaths. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	(l) Percentage in each period of residence to total number. Under 1 year.	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Enteric Fever	141	83	39	29	21	30	1	41	24	11	8	6	9	...
Cholera	...	1	...	...	...	...	...	...	100	...	...	...	...	...
Abscess of the liver	13	14	18	9	10	17	4	15	16	21	11	12	20	5
Suicide	1	2	6	2	2	9	...	5	9	27	9	9	41	...
All Causes	237	158	114	90	68	150	24	28	19	14	11	8	18	3

NOTE.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

TABLE XVII.

RELATION of INVALIDING to AGE and LENGTH of RESIDENCE in INDIA.

A.—AGE.

Causes of Invaliding.	(a) Invalided per 1,000.						(b) Liability in percentages.					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery . .	...	1·64	1·54	·64	1·33	...	...	32	30	12	26	...
Intermittent and Remittent Fevers	...	4·10	3·61	3·00	4·64	2·16	...	23	21	17	26	12
Venereal Diseases	·51	8·44	5·80	3·64	1·33	2·16	2	39	27	17	6	10
Debility . .	2·03	2·79	2·80	4·07	3·98	12·93	7	10	10	14	14	45
Rheumatism .	1·01	·85	1·01	·64	...	2·16	18	15	18	11	...	38
Tubercle of the lungs . .	1·01	1·03	1·09	1·29	1·33	2·16	13	13	14	16	17	27
Mental Diseases .	·51	1·49	1·18	·21	...	2·16	9	27	21	4	...	39
Epilepsy . .	·51	·67	·20	1·29	...	...	19	25	7	48	...	...
Other Nervous Diseases . .	...	·64	·53	·43	·66	4·31	...	10	8	7	10	66
Eye, ear, and nose Diseases . .	·51	2·64	1·05	1·07	...	...	10	50	20	20	...	...
Palpitation . .	1·01	2·46	·81	·21	·66	2·16	14	34	11	3	9	30
Valvular disease of the heart .	·51	1·76	·93	·86	1·33	...	9	33	17	16	25	...
Other Circulatory Diseases . .	·51	·52	·41	·43	2·65	2·16	8	8	6	6	40	32
Respiratory Diseases . .	1·01	·67	·36	·43	1·99	2·16	15	10	5	6	30	33
Hepatitis and Abscess of the liver	...	1·31	1·38	2·57	3·31	4·31	...	10	11	20	26	33
Locomotive Diseases . .	·51	1·00	·65	·43	1·33	2·16	8	16	11	7	22	36
Injuries . .	...	1·03	1·66	1·29	1·99	...	...	17	27	21	33	...
All Causes . .	10·64	37·85	27·86	24·87	30·48	51·72	6	21	15	14	17	28

Causes of Invaliding.	(c) Number invalided.						(d) Composition of 100 invalidings at each age.					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30	30 and less than 35.	35 and less than 40.	40 and upwards.
Dysentery . .	...	54	38	3	2	...	...	4	6	3	4	...
Intermittent and Remittent Fevers	...	135	89	14	7	1	...	11	13	12	15	4
Venereal Diseases	1	278	143	17	2	1	5	22	21	15	4	4
Debility . .	4	92	69	19	6	6	19	7	10	16	13	25
Rheumatism .	2	28	25	3	...	1	10	2	4	3	...	4
Tubercle of the lungs . .	2	34	27	6	2	1	10	3	4	5	4	4
Mental Diseases .	1	49	29	1	...	1	5	4	4	1	...	4
Epilepsy . .	1	22	5	6	...	...	5	2	1	5	...	...
Other Nervous Diseases . .	...	21	13	2	1	2	...	2	2	2	2	8
Eye, ear, and nose Diseases . .	1	87	26	5	...	...	5	7	4	4	...	...
Palpitation . .	2	81	20	1	1	1	10	6	3	1	2	4
Valvular disease of the heart .	1	58	23	4	2	...	5	5	3	3	4	...
Other Circulatory Diseases . .	1	17	10	2	4	1	5	1	1	2	9	4
Respiratory Diseases . .	2	22	9	2	3	1	10	2	1	2	7	4
Hepatitis and Abscess of the liver	...	43	34	12	5	2	...	3	5	10	11	8
Locomotive Diseases . .	1	33	16	2	2	1	5	3	2	2	4	4
Injuries . .	...	34	41	6	3	...	...	3	6	5	7	...
All Causes . .	21	1,247	687	116	46	24	100	100	100	100	100	100

Causes of Invaliding.	(e) Number invalided.						(f) Percentage at each age to total number.					
	Under 20.	20 and less than 25.	25 and less than 30.	30 and less than 35.	35 and less than 40.	40 and upwards.	Under 20.	20 and less than 25.	25 and less than 30	30 and less than 35.	35 and less than 40.	40 and upwards.
Intermittent and Remittent Fevers	...	135	89	14	7	1	...	55	36	6	3	...
Venereal Diseases	1	278	143	17	2	1	...	63	32	4	...	...
Debility . .	4	92	69	19	6	6	2	47	35	10	3	3
All Causes . .	21	1,247	687	116	46	24	1	58	32	5	2	1

B.—LENGTH OF RESIDENCE IN INDIA.

Causes of Invaliding.	(g) Invalided per 1,000.							(h) Liability in percentages.						
	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery . .	1·25	1·89	1·58	·84	1·35	1·75	1·35	12	19	16	8	13	17	13
Intermittent and Remittent Fevers	2·00	4·02	4·56	4·22	4·17	3·69	3·59	8	15	17	16	16	14	14
Venereal Diseases	3·57	8·04	7·73	7·70	7·85	6·76	1·80	8	19	18	18	18	16	4
Debility . .	2·24	4·18	3·07	1·90	2·45	2·98	5·84	10	18	14	8	11	13	26
Rheumatism .	·75	1·07	·75	·84	1·59	·61	·45	12	18	12	14	26	10	7
Tubercle of the lungs . .	·67	·90	1·40	1·37	·61	1·67	·45	9	13	20	19	9	24	6
Mental Diseases .	1·08	1·39	1·86	1·05	1·10	1·05	...	14	18	25	14	15	14	...
Epilepsy . .	·42	·66	·37	·53	·61	·44	·90	11	17	9	13	16	11	23
Other Nervous Diseases . .	·83	·41	·28	·53	·61	·70	1·35	18	9	6	11	13	15	29
Eye, ear, and nose Diseases . .	3·33	2·30	2·24	1·27	·86	·70	...	31	21	21	12	8	7	...
Palpitation . .	2·66	2·38	2·05	1·48	·61	·35	...	28	25	22	16	6	4	...
Valvular disease of the heart .	2·33	1·31	1·02	1·05	·86	1·32	·45	28	16	12	13	10	16	5
Other Circulatory Diseases . .	·42	·57	·65	·53	·12	·70	·90	11	15	17	14	3	18	23
Respiratory Diseases . .	1·08	·66	·56	·11	·49	·26	1·80	22	13	11	2	10	5	36
Hepatitis and Abscess of the liver	·42	1·89	1·68	·84	1·96	1·75	2·70	4	17	15	7	17	16	24
Locomotive Diseases . .	1·08	1·23	·37	·42	1·23	·70	·45	20	22	7	8	22	13	8
Injuries . .	·91	1·56	1·12	·84	2·21	1·32	·45	11	19	13	10	26	16	5
All Causes . .	29·10	39·29	35·58	28·37	31·51	30·10	27·40	13	18	16	13	14	14	12

Causes of Invaliding.	(i) Number invalided.							(j) Composition of 100 invalidings in each period of residence.						
	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Dysentery . .	15	23	17	8	11	20	3	4	5	4	3	4	6	5
Intermittent and Remittent Fevers	24	49	49	40	34	42	8	7	10	13	15	13	12	13
Venereal Diseases	43	98	83	73	64	77	4	12	20	22	27	25	22	7
Debility . .	27	51	33	18	20	34	13	8	11	9	7	8	10	21
Rheumatism .	9	13	8	8	13	7	1	3	3	2	3	5	2	2
Tubercle of the lungs . .	8	11	15	13	5	19	1	2	2	4	5	2	6	2
Mental Diseases .	13	17	20	10	9	12	...	4	4	5	4	4	3	...
Epilepsy . .	5	8	4	5	5	5	2	1	2	1	2	2	1	3
Other Nervous Diseases . .	10	5	3	5	5	8	3	3	1	1	2	2	2	5
Eye, ear, and nose Diseases . .	40	28	24	12	7	8	...	11	6	6	4	3	2	...
Palpitation . .	32	29	22	14	5	4	...	9	6	6	5	2	1	...
Valvular disease of the heart .	28	16	11	10	7	15	1	8	3	3	4	3	4	2
Other Circulatory Diseases . .	5	7	7	5	1	8	2	1	1	2	2	...	2	3
Respiratory Diseases . .	13	8	6	1	4	3	4	4	2	2	...	2	1	7
Hepatitis and Abscess of the liver	5	23	18	8	16	20	6	1	5	5	3	6	6	10
Locomotive Diseases . .	13	15	4	4	10	8	1	4	3	1	1	4	2	2
Injuries . .	11	19	12	8	18	15	1	3	4	3	3	7	4	2
All Causes . .	350	479	382	269	257	343	61	100	100	100	100	100	100	100

Causes of Invaliding.	(k) Number invalided.							(l) Percentage in each period of residence to total number.						
	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.	Under 1	1 and less than 2.	2 and less than 3.	3 and less than 4.	4 and less than 5.	5 and less than 10.	10 and upwards.
Intermittent and Remittent Fevers	24	49	49	40	34	42	8	10	20	20	16	14	17	3
Venereal Diseases	43	98	83	73	64	77	4	10	22	19	17	14	17	1
Debility . .	27	51	33	18	20	34	13	14	26	17	9	10	17	7
All Causes . .	350	479	382	269	257	343	61	16	22	18	13	12	16	3

Note.—Marching returns and returns wherein the classification by age and service was omitted have been excluded.

TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1899. (From the medical returns of the army.)

	Ratios per 1,000 of strength.					Actuals.				
	Bengal.	Punjab.	Madras.	Bombay.	India.	Bengal.	Punjab.	Madras.	Bombay.	India.
Strength	...	...	...	...	...	612	477	351	468	1,908
Constantly sick	31·1	27·2	33·4	26·7	29·5	19·01	12·98	11·71	12·50	56·20
Invalids	60·5	62·9	74·1	72·6	66·6	37	30	26	34	127
Cases remaining from 1898	...	...	...	...	...	12	12	17	8	49
Admissions	697·7	714·9	1,014·2	728·6	767·8	427	341	356	341	1,465
Influenza	13·1	10·5	14·2	19·2	14·2	8	5	5	9	27
Cholera	...	...	...	...	...	...	...	...	...	...
Small-pox	...	2·1	...	...	·5	...	1	...	...	1
Enteric Fever	37·6	29·4	8·5	32·1	28·8	23	14	3	15	55
Intermittent Fever	94·8	171·9	222·2	149·6	150·9	58	82	78	70	288
Remittent Fever	16·3	48·2	37·0	21·4	29·4	10	23	13	10	56
Simple Continued Fever	65·4	37·7	139·6	70·5	73·4	40	18	49	33	140
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	10·5	...	4·3	3·7	...	5	...	2	7
Other Respiratory Diseases	11·4	27·3	14·2	17·1	17·3	7	13	5	8	33
Dysentery	39·2	18·9	28·5	23·5	28·3	24	9	10	11	54
Diarrhœa	35·9	27·3	11·4	25·6	26·7	22	13	4	12	51
Hepatic Abscess	3·3	...	2·8	...	1·6	2	...	1	...	3
„ Congestion and Inflammation	47·4	25·2	34·2	40·6	37·7	29	12	12	19	72
Venereal Diseases	9·8	2·1	14·2	15·0	10·0	6	1	5	7	19
Deaths	9·80	16·77	5·70	12·82	11·53	6	8	2	6	22
Cholera	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...
Enteric Fever	3·27	8·39	2·85	6·41	5·24	2	4	1	3	10
Intermittent Fever	...	...	...	...	...	...	...	...	...	...
Remittent Fever	...	...	...	...	...	...	...	...	...	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...
Heat-stroke	1·63	...	...	...	·52	1	...	...	...	1
Circulatory Diseases	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess	1·63	2·10	2·85	...	1·57	1	1	1	...	3
Deaths out of hospital	3·27	2·10	...	...	1·57	2	1	...	...	3

B.—CAUSES of DEATH among OFFICERS of the BRITISH and INDIAN ARMIES in 1899.
(From a Statement issued by the Adjutant-General in India.)

Armies.	Strength in India, whether on leave or not, on the 1st of July.	Strength in Europe or beyond sea on 1st July, 1899, whether on furlough or sick leave.	In India.																Deaths in England and other countries.	Deaths at sea.	Grand Total.	Ratio per 1,000.
			Cholera.	Small-pox.	Enteric Fever.	Intermittent fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Total.					
British	2,559	621	...	...	10	...	...	...	1	...	...	...	...	...	...	4	26*		1	1	28	8·81
Indian	2,246	742	...	...	3	...	...	...	...	3	...	...	...	...	...	1	13		9	...	22	7·36

* Including 4 deaths not shown in medical returns.

C.—CHOLERA by months, stations, groups, and commands.

STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM CHOLERA IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
INDIA	1,908	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BENGAL	612	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
PUNJAB	477	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MADRAS	351	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	468	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where Cholera did not occur are not shown in this table.

TABLE XVIII—*continued.*

STATISTICS OF OFFICERS.

D.—ENTERIC FEVER by months, stations, groups, and commands.

STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Fort William	35	...	...	...	...	...	2	1	...	...	...	...	...	3	85·7	1	28·57
GROUP IV.—BENGAL AND ORISSA	66	...	...	...	...	...	2	1	...	...	...	...	...	3	45·5	1	15·15
B																	
Dinapur	18	...	...	...	...	1	...	...	...	...	...	...	...	1	55·6	...	...
Benares	9	...	...	...	...	...	...	...	...	...	...	...	1	1	111·1	...	...
Allahabad	26	...	...	...	...	...	...	...	...	...	...	...	1	1	38·5	...	...
Sitapur	10	1	...	...	...	...	...	...	...	...	...	...	...	1	100·0	...	...
Lucknow	70	1	...	1	...	...	...	...	...	...	...	...	2	4	57·1	1	14·29
Cawnpore	24	...	...	1	1	...	...	...	...	...	...	...	...	2	83·3	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	189	2	...	2	1	1	...	...	...	...	...	...	4	10	52·9	1	5·29
B																	
Jullundur	18	1	...	...	...	...	...	...	1	...	...	...	...	2	111·1	1	55·56
Meean Meer	22	...	...	...	...	...	...	...	...	...	...	...	1	1	45·5	...	...
Sialkot	29	...	...	...	...	...	...	...	1	...	...	1	...	2	69·0	...	...
Rawalpindi	73	...	...	...	1	1	...	...	...	...	...	...	...	2	27·4	...	...
GROUP VI.—UPPER SUB-HIMALAYA	354	1	...	...	1	1	...	...	2	...	...	1	1	7	19·8	1	2·82
A																	
Peshawar	36	...	...	1	...	...	...	...	...	...	1	...	...	2	55·6	1	27·78
Mooltan	24	...	...	...	1	...	...	...	...	...	...	...	...	1	41·7	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	119	...	...	1	1	...	...	...	...	...	1	...	...	3	25·2	1	8·40
B																	
Nasirabad	19	...	...	1	...	...	...	...	...	...	...	...	...	1	52·6	...	...
Jhansi	28	1	...	...	...	...	...	...	...	...	...	...	...	1	35·7	...	...
Mhow	53	...	...	...	...	2	...	...	2	...	...	...	...	4	75·5	1	18·87
GROUP VIII.—SOUTH-EAST RAJPUTANA, CENTRAL INDIA, AND GUJARAT	175	1	...	1	...	2	...	...	2	...	...	...	...	6	34·3	1	5·71

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* Stations where Enteric Fever did not occur are not shown in this table.

D.—*ENTERIC FEVER by months, stations, groups, and commands*—concluded.

STATIONS, GROUPS, AND COMMANDS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
B																	
Secunderabad	75	...	...	...	...	...	...	...	1	...	...	...	...	1	13·3	...	...
Poona	69	...	1	1	...	...	...	...	1	...	...	...	1	4	58·0	1	14·49
Kirkee	33	...	...	...	...	...	...	...	1	...	...	...	1	2	60·6	...	...
GROUP IX.—DECCAN	289	...	1	1	...	...	...	...	3	...	...	...	2	7	24·2	1	3·46
Colaba	47	...	...	...	...	...	1	...	...	...	...	...	...	1	21·3	1	21·28
GROUP X.—Western Coast	57	...	...	...	...	...	1	...	...	...	...	...	...	1	17·5	1	17·54
Chakrata	29	...	...	1	...	2	...	...	...	...	...	...	...	3	103·4	...	...
Dagshai	16	...	...	...	...	...	1	...	...	...	...	...	...	1	62·5	1	62·50
Camp Thobba	3	...	...	...	...	...	...	1	...	...	...	...	...	1	333·3	...	...
Quetta	62	...	...	...	...	...	...	...	1	...	1	...	...	2	32·3	...	...
GROUP XII *a.*—Hill Stations	246	...	...	1	...	2	1	1	1	...	1	...	...	7	28·5	1	4·07
Murree	9	...	...	...	...	...	1	...	...	...	...	...	...	1	111·1	1	111·11
Pachmarhi	9	...	...	...	...	...	...	...	1	...	...	...	...	1	111·1	...	...
Wellington	39	...	...	...	1	...	...	1	...	...	...	...	...	2	51·3	1	25·64
GROUP XII *b.*—Hill Convalescent Depôts, and Sanitaria.	121	...	...	...	1	...	1	1	1	...	...	...	...	4	33·1	2	16·53
Troops Marching, Bengal	18	...	...	1	...	...	...	...	...	...	...	...	4	5	277·8	...	...
Troops Marching, Punjab	20	...	...	...	...	...	...	...	...	...	...	1	...	1	50·0	...	...
Aden	38	...	...	...	...	...	...	...	...	...	...	1	...	1	26·3	...	...
INDIA	1,908	4	1	7	4	6	5	3	9	...	2	3	11	55	28·8	10	5·24
BENGAL	612	3	...	4	1	3	2	1	1	...	...	...	8	23	37·6	2	3·27
PUNJAB	477	1	...	1	2	1	2	1	2	...	1	2	1	14	29·4	4	8·39
MADRAS	351	...	...	...	1	...	...	1	1	...	...	...	...	3	8·5	1	2·85
BOMBAY	468	...	1	2	...	2	1	...	5	...	1	1	2	15	32·1	3	6·41

TABLE XVIII—*concluded.*

STATISTICS OF OFFICERS.

E.—DETAIL of DISEASES.

DISEASES.	INDIA.		
	Admissions.	Deaths.	Invalidings.
Small-pox	1	...	1
Cow-pox	2	...	...
Measles	5	...	...
Rubella	1	...	...
Scarlet fever	1	...	...
Plague	2	1	1
Dengue	4	...	...
Influenza	27	...	...
Mumps	3	...	...
Diphtheria	1	...	...
Simple continued fever	140	...	2
Enteric fever	55	10	23
Dysentery	54	...	9
Intermittent fever	288	...	10
Remittent fever	56	...	6
Tubercle of lymph glands	1	...	1
Secondary syphilis	6	...	4
Gonorrhœa	10	...	1
Tænia solium	2	...	...
Ringworm	1	...	...
Rheumatic fever	1	1	...
Rheumatism	4	...	1
Gout	6	...	...
Fibroma	1	...	1
Anæmia	1	...	...
Debility	20	...	12
Neuritis	1	...	...
Multiple neuritis	2	...	...
Posterior sclerosis	1	...	1
Local paralysis	1	...	...
Epilepsy	1	...	1
Headache	1	...	...
Megrim	1	...	..
Neuralgia	9	...	1
Delusional insanity	...	...	1
Conjunctivitis, catarrhal	10	...	...
Iritis	3	...	...
Retinitis	1	...	...
Neuralgia of eye ball	1	...	1
Stye	1	...	...
Inflammation of the external ear	4	...	...
,, ,, ,, middle ear	1	...	...
Deafness	1	...	1
Disordered action of the heart	2	...	1
Phlebitis	5	...	1
Laryngitis	4	...	...
Bronchitis	28	...	1
Pneumonia	6	...	...
Broncho-pneumonia	1	...	...
Pleurisy	1	...	...
Inflammation of the dental periosteum	1	...	...
Gum-boil	3	...	...
Sore-throat	16	...	...
Ulceration of the palate and fauces	1	...	...
Follicular tonsillitis	25	...	...
Quinsy	2	...	...
Gastritis	5	...	...
Indigestion	13	...	...
Enteritis	3	...	...
Typhlitis	8	1	1
Inflammation of the intestines, catarrhal	19	...	...
Sprue	1	...	1
Hernia	3	...	2
Colic	8	...	...
Diarrhœa	51	...	2
Periproctitis	3	...	1

DISEASES.	INDIA.		
	Admissions.	Deaths.	Invalid ings.
Fistula in ano	3	...	1
Prolapse of the rectum and anus	1	...	1
Piles	7	...	2
Hepatitis	27	...	10
Abscess of the liver	3	3	1
Cirrhosis of the liver	3	...	1
Congestion of the liver	45	...	4
Jaundice	8	...	...
Cholecystitis	1	...	...
Gallstones	1	...	...
Peritonitis	1	...	1
Inflammation of lymph-glands	20	...	...
Inflammation of lymphatics	1	...	...
Acute nephritis	1	...	1
Granular kidney	...	...	1
Nephralgia	1	...	...
Hæmaturia	1	...	...
Cystitis	5	...	1
Inflammation of the prostate	2	...	...
Soft chancre	3	...	...
Orchitis	8	...	...
Spermatorrhœa	1	...	...
Periostitis	3	...	...
Synovitis	27	...	1
Dislocation of articular cartilage	2	...	1
Myalgia	6	...	...
Inflammation of connective tissue	25	...	...
Abscess of connective tissue	15	...	1
Erythema	1	...	...
Urticaria	1	...	...
Eczema	6	...	...
Impetigo	1	...	...
Lichen	1	...	...
Herpes	2	...	...
Pemphigus	2	...	...
Ulcer	12	...	...
Boil	33	...	...
Carbuncle	1	...	...
Whitlow	2	...	...
Corn	1	...	...
Effect of heat	1	...	...
Heat-stroke	1	...	...
Sunstroke	4	...	1
Heat-apoplexy	1	1	...
Suffocation from submersion	...	1	...
Contusions	73	...	2
Strains and sprains	71	...	2
Rupture of muscles	2	...	...
Gunshot wounds	...	2	...
Other wounds	23	...	...
Abrasions	11	...	...
Fractures of the base of the skull	1	1	1
,, other bones	20	...	1
Dislocations	10	...	1
Concussion of the brain	17	1	2
Poisoned wound by dog	2	...	2
,, ,, ,, stinging insect	1	...	...
,, ,, not defined	1	...	...
No appreciable disease	1	...	...
TOTAL	1,465	22	127

B. WOMEN.

TABLE XIX.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Bombay Command.		India.*		
Strength	970		714		673		736		3,093		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1898.
Constantly sick	28·6	27·78	31·3	22·36	40·2	27·04	34·1	25·13	33·1	102·31	
ADMISSIONS—											
Influenza	...	...	1·4	1	7·4	5	4·1	3	2·9	9	...
Cholera	...	...	...	...	...	...	...	...	...	...	...
Small-pox	1·0	1	4·2	3	4·5	3	1·4	1	2·6	8	...
Enteric Fever	9·3	9	7·0	5	4·5	3	1·4	1	5·8	18	4
Intermittent Fever	101·0	98	113·4	81	118·9	80	127·7	94	114·1	353	15
Remittent Fever	7·2	7	9·8	7	7·4	5	12·2	9	9·1	28	1
Simple Continued Fever	16·5	16	7·0	5	10·4	7	17·7	13	13·3	41	2
Tubercle of the lungs	3·1	3	...	...	3·0	2	2·7	2	2·3	7	4
Pneumonia	2·1	2	2·8	2	3·0	2	...	...	1·9	6	1
Other Respiratory Diseases	10·3	10	15·4	11	22·3	15	13·6	10	14·9	46	1
Dysentery	23·7	23	16·8	12	26·7	18	14·9	11	20·7	64	3
Diarrhœa	13·4	13	14·0	10	5·9	4	14·9	11	12·3	38	2
Anæmia and Debility	230·9	224	327·7	234	194·7	131	277·2	204	256·4	793	27
Abortion and Puerperal Affections	45·4	44	35·0	25	28·2	19	31·3	23	35·9	111	4
Other diseases peculiar to women	55·7	54	54·6	39	77·3	52	36·7	27	55·6	172	8
ALL CAUSES	628·9	610	732·5	523	658·2	443	675·3	497	670·2	2,073	92
DEATHS—											*Deaths out of Hospital.*
Cholera	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	3·09	3	4·20	3	1·49	1	...	...	2·26	7	...
Intermittent Fever	2·06	2	...	...	1·49	1	1·36	1	1·29	4	...
Remittent Fever	2·06	2	1·40	1	...	...	1·36	1	1·29	4	...
Simple Continued Fever	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs	1·03	1	...	...	...	...	...	...	·32	1	...
Pneumonia	1·03	1	1·40	1	1·49	1	...	...	·97	3	...
Other Respiratory Diseases	...	...	1·40	1	...	...	...	...	·32	1	...
Dysentery	1·03	1	1·40	1	...	...	1·36	1	·97	3	...
Diarrhœa	...	...	1·40	1	...	...	...	...	·32	1	...
Hepatic Abscess	1·03	1	...	...	...	...	1·36	1	·65	2	...
Childbirth and Abortion	2·06	2	2·80	2	...	...	2·72	2	1·94	6	...
ALL CAUSES	18·56	18	16·81	12	5·94	4	14·95	11	14·55	45	3
PERCENTAGE IN 100 ADMISSIONS:—											
Influenza	...		·19		1·13		·60		·43		
Cholera	...		...		...		...		...		
Small-pox	·16		·57		·68		·20		·39		
Enteric Fever	1·48		·96		·68		·20		·87		
Intermittent Fever	16·07		15·49		18·06		18·91		17·03		
Remittent Fever	1·15		1·34		1·13		1·81		1·35		
Simple Continued Fever	2·62		·96		1·58		2·62		1·98		
Tubercle of the lungs	·49		...		·45		·40		·34		
Pneumonia	·33		·38		·45		...		·29		
Other Respiratory Diseases	1·64		2·10		3·39		2·01		2·22		
Dysentery	3·77		2·29		4·06		2·21		3·09		
Diarrhœa	2·13		1·91		·90		2·21		1·83		
Anæmia and Debility	36·72		44·74		29·57		41·05		38·25		
Abortion and Puerperal Affections	7·21		4·78		4·29		4·63		5·35		
Other diseases peculiar to women	8·85		7·46		11·74		5·43		8·30		
PERCENTAGE IN 100 DEATHS—											
Cholera	...		...		...		...		...		
Small-pox	...		...		...		...		...		
Enteric Fever	16·7		25·0		25·0		...		15·6		
Intermittent Fever	11·1		...		25·0		9·1		8·9		
Remittent Fever	11·1		8·3		...		9·1		8·9		
Simple Continued Fever	...		...		...		...		...		
Tubercle of the lungs	5·6		...		...		...		2·2		
Pneumonia	5·6		8·3		25·0		...		6·7		
Other Respiratory Diseases	...		8·3		...		...		2·2		
Dysentery	5·6		8·3		...		9·1		6·7		
Diarrhœa	...		8·3		...		...		2·2		
Hepatic Abscess	5·6		...		...		9·1		4·4		
Childbirth and Abortion	11·1		16·7		...		18·2		13·3		

* For complete detail of diseases see Table LIII.

TABLE XX.

CHOLERA by months, stations, groups, and commands.

Stations* and Groups.	Average annual strength.	Number of admissions from Cholera in each month. January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
INDIA	3,093																
Bengal	970																
Punjáb	714																
Madras	673																
Bombay	736																

* Stations where Cholera did not occur are not shown in this table.

TABLE XXI.

ENTERIC FEVER by months, stations, groups, and commands.

Stations,* Groups, and Commands.	Average annual strength.	Number of Admissions from Enteric Fever in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Rangoon	67	...	...	...	1	...	...	...	...	...	...	...	...	1	14·9	...	...
Group I.—Burma Coast and Bay Islands	71	...	...	...	1	...	...	...	...	...	...	...	...	1	14·1	...	...
B																	
Fyzabad	30	...	...	...	...	...	...	...	...	...	...	...	1	1	33·3	...	...
Lucknow	114	1	...	2	...	...	...	1	...	...	...	...	...	4	35·1	1	8·77
Group V.—Gangetic Plain and Chutia Nagpur	312	1	...	2	...	...	...	1	...	...	...	...	1	5	16·0	1	3·21
A																	
Meerut	73	...	...	...	1	...	...	...	...	...	...	...	...	1	13·7	1	13·70
Umballa	76	...	...	...	2	...	...	...	...	...	...	...	...	2	26·3	1	13·16
B																	
Meean Meer	39	...	...	...	...	1	...	...	...	...	...	...	...	1	25·6	1	25·64
Rawalpindi	125	...	1	...	...	...	...	...	...	1	...	...	...	2	16·0	1	8·00
Group VI.—Upper Sub-Himalaya	597	...	1	...	3	1	...	...	...	1	...	...	...	6	10·1	4	6·70
B																	
Mhow	95	...	...	...	...	...	...	...	...	...	...	...	1	1	10·5	...	...
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	260	...	...	...	...	...	...	...	...	...	...	...	1	1	3·8	...	...
B																	
Secunderabad	154	...	...	...	...	...	...	...	1	...	...	...	...	1	6·5	...	...
Belgam	32	...	...	...	...	...	...	1	...	...	...	...	...	1	31·3	1	31·25
Group IX.—Deccan	472	...	...	...	...	...	...	1	1	...	...	...	...	2	4·2	1	2·12
Ranikhet	52	...	...	...	...	1	...	...	...	1	...	...	...	2	38·5	1	19·23
Chaubuttia	12	...	...	...	1	...	...	...	...	...	...	...	...	1	83·3	...	...
Group XIIa.—Hill Stations	348	...	...	...	1	1	...	...	...	1	...	...	...	3	8·6	1	2·87
INDIA	3,093	1	1	2	5	2	...	2	1	2	...	...	2	18	5·8	7	2·26
Bengal	970	1	...	2	2	1	...	1	...	1	...	...	1	9	9·3	3	3·09
Punjáb	714	...	1	...	2	1	...	...	...	1	...	...	...	5	7·0	3	4·20
Madras	673	...	...	...	1	...	...	1	1	...	...	...	...	3	4·5	1	1·49
Bombay	736	...	...	...	...	...	...	...	...	...	...	...	1	1	1·4	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

C. CHILDREN.

TABLE XXII.

RATIOS AND ACTUALS OF COMMANDS.

	Bengal Command.		Punjab Command.		Madras Command.		Bombay Command.		India.*		
Strength	1,659		1,201		1,310		1,330		5,500		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1898.
Constantly sick	23·4	38·83	24·2	29·05	33·9	44·47	28·2	37·52	27·2	149·87	
ADMISSIONS—											
Influenza	...	...	...	...	12·2	16	4·5	6	4·0	22	...
Cholera	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	·8	1	·2	1	..
Measles	51·8	86	75·8	91	34·4	45	83·5	111	60·5	333	9
Whooping Cough	9·0	15	29·1	35	...	...	2·3	3	9·6	53	16
Enteric Fever	6·6	11	5·0	6	1·5	2	6·0	8	4·9	27	6
Intermittent Fever	62·1	103	72·4	87	162·6	213	68·4	91	89·8	494	19
Remittent Fever	3·6	6	9·2	11	8·4	11	9·8	13	7·5	41	...
Simple Continued Fever	17·5	29	10·8	13	22·9	30	20·3	27	18·0	99	2
Tubercular Diseases	5·4	9	4·2	5	1·5	2	·8	1	3·1	17	1
Respiratory Diseases	44·0	73	88·3	106	89·3	117	58·6	78	68·0	374	13
Dysentery	15·1	25	8·3	10	10·7	14	16·5	22	12·9	71	1
Diarrhœa	39·2	65	54·1	65	29·8	39	34·6	46	39·1	215	2
Eye Diseases	36·2	60	10·0	12	22·9	30	24·1	32	24·4	134	3
ALL CAUSES	446·7	741	578·7	695	617·6	809	491·7	654	527·1	2,899	111
DEATHS—											*Deaths out of hospital.*
Cholera	...	...	...	...	...	...	...	...	...	...	...
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	·60	1	·83	1	·76	1	·75	1	·73	4	...
Enteric Fever	·60	1	·83	1	...	...	...	...	·36	2	...
Intermittent Fever	2·41	4	...	...	2·29	3	2·26	3	1·82	10	...
Remittent Fever	...	...	1·67	2	...	...	...	...	·36	2	...
Simple Continued Fever	...	...	·83	1	...	...	1·50	2	·55	3	...
Tubercular Diseases	1·21	2	·83	1	·76	1	...	...	·73	4	...
Convulsions	4·22	7	3·33	4	4·58	6	2·26	3	3·64	20	2
Respiratory Diseases	6·63	11	11·66	14	3·05	4	5·26	7	6·55	36	...
Teething	4·22	7	4·16	5	5·34	7	3·01	4	4·18	23	1
Dysentery	1·81	3	·83	1	·76	1	1·50	2	1·27	7	...
Diarrhœa	7·23	12	5·83	7	3·05	4	4·51	6	5·27	29	...
Anæmia, Debility, and Immaturity	4·82	8	6·66	8	3·82	5	4·51	6	4·91	27	3
ALL CAUSES	49·43	82	51·62	62	32·82	43	29·32	39	41·09	226	8
PERCENTAGE IN 100 ADMISSIONS—											
Influenza	...		...		1·98		·92		·76		
Cholera	...		...		...		...		...		
Small-pox	...		...		...		·15		·03		
Measles	11·61		13·09		5·56		16·97		11·49		
Whooping Cough	2·02		5·04		...		·46		1·83		
Enteric Fever	1·48		·86		·25		1·22		·93		
Intermittent Fever	13·90		12·52		26·33		13·91		17·04		
Remittent Fever	·81		1·58		1·36		1·99		1·41		
Simple Continued Fever	3·91		1·87		3·71		4·13		3·41		
Tubercular Diseases	1·21		·72		·25		·15		·59		
Respiratory Diseases	9·85		15·25		14·46		11·93		12·90		
Dysentery	3·37		1·44		1·73		3·36		2·45		
Diarrhœa	8·77		9·35		4·82		7·03		7·42		
Eye Diseases	8·10		1·73		3·71		4·89		4·62		
PERCENTAGE IN 100 DEATHS—											
Cholera	...		...		...		...		...		
Small-pox	...		...		...		...		...		
Diphtheria and Croup	1·2		1·6		2·3		2·6		1·8		
Enteric Fever	1·2		1·6		...		...		·9		
Intermittent Fever	4·9		...		7·0		7·7		4·4		
Remittent Fever	...		3·2		...		...		·9		
Simple Continued Fever	...		1·6		...		5·1		1·3		
Tubercular Diseases	2·4		1·6		2·3		...		1·8		
Convulsions	8·5		6·5		14·0		7·7		8·8		
Respiratory Diseases	13·4		22·6		9·3		17·9		15·9		
Teething	8·5		8·1		16·3		10·3		10·2		
Dysentery	3·7		1·6		2·3		5·1		3·1		
Diarrhœa	14·6		11·3		9·3		15·4		12·8		
Anæmia, Debility, and Immaturity	9·8		12·9		11·6		15·4		11·9		

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* For complete detail of diseases see Table LIII.

TABLE XXIII.

CHOLERA by months, stations, groups, and commands.

STATIONS,* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM CHOLERA IN EACH MONTH.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
INDIA	5,500	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BENGAL	1,659	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
PUNJAB	1,201	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
MADRAS	1,310	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	1,330	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

* Stations where Cholera did not occur are not shown in this table.

TABLE XXIV.

ENTERIC FEVER by months, stations, groups, and commands.

Stations,* Groups, and Commands.	Average annual strength.	Number of Admissions from Enteric Fever in each month.												Total admissions.	Admission-rate per 1,000 of strength.	Total deaths.	Death-rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Dinapore	45	...	...	...	1	...	...	...	...	...	...	...	...	1	22·2	...	...
Allahabad	74	...	...	...	...	...	...	...	...	...	...	...	1	1	13·5	...	...
Cawnpore	57	...	...	...	...	...	...	...	...	...	...	...	1	1	17·5	1	17·54
Group V.—Gangetic Plain and Chutia Nagpur.	549	...	...	...	1	...	...	...	...	...	...	...	2	3	5·5	1	1·82
A																	
Roorkee	74	...	...	...	...	...	...	...	1	...	...	...	...	1	13·5	...	...
Umballa	83	...	...	...	...	2	...	...	...	...	...	...	...	2	24·1	1	12·05
B																	
Campbellpur	22	...	...	...	1	2	...	...	...	...	...	...	...	3	136·4	...	...
Group VI.—Upper Sub-Himalaya.	969	...	...	...	1	4	...	...	1	...	...	...	...	6	6·2	1	1·03
B																	
Nasirabad	38	...	...	1	...	1	...	...	1	...	...	...	...	3	78·9	...	...
Agra	69	...	...	...	...	...	...	...	...	1	...	...	...	1	14·5	...	...
Jhansi	59	...	...	...	1	...	...	...	...	...	...	...	1	2	33·9	...	...
Group VIII.—South-East Rajputana, Central India, and Gujarat.	425	...	...	1	1	1	...	...	1	1	...	...	1	6	14·1	...	...
A																	
Jubbulpore	57	...	...	...	...	...	...	2	...	...	...	...	...	2	35·1	...	...
B																	
Secunderabad	281	...	...	...	...	...	...	...	...	...	1	...	...	1	3·6	...	...
Kirkee	128	...	...	...	1	2	...	...	...	...	...	...	...	3	23·4	...	...
Ahmednagar	34	...	...	...	...	...	...	2	...	...	...	...	...	2	58·8	...	...
Group IX.—Deccan	884	...	...	...	1	2	...	4	...	...	1	...	...	8	9·0	...	...
A																	
Bellary	61	...	...	1	...	...	...	...	...	...	...	...	...	1	16·4	...	...
Group XI.—Southern India	515	...	...	1	...	...	...	...	...	...	...	...	...	1	1·9	...	...
Chakrata	73	...	...	...	1	...	...	...	...	...	...	...	...	1	13·7	...	...
Group XII*a*.—Hill Stations	640	...	...	...	1	...	...	...	...	...	...	...	...	1	1·6	...	...
Landour	31	...	...	...	...	...	...	...	1	...	...	...	...	1	32·3	...	...
Dalhousie	41	...	...	...	1	...	...	...	...	...	...	...	...	1	24·4	...	...
Group XII*b*.—Hill Convalescent Depôts, and Sanitaria.	356	...	...	...	1	...	...	...	1	...	...	...	...	2	5·6	...	...
INDIA	5,500	...	...	2	6	7	...	4	3	1	1	...	3	27	4·9	2	·36
Bengal	1,659	...	...	...	3	...	...	2	2	1	...	...	3	11	6·6	1	·60
Punjab	1,201	...	...	...	2	4	...	...	...	...	...	...	...	6	5·0	1	·83
Madras	1,310	...	...	1	...	...	...	...	...	...	1	...	...	2	1·5	...	...
Bombay	1,330	...	...	1	1	3	...	2	1	...	...	...	...	8	6·0	...	...

* Stations where Enteric Fever did not occur are not shown in this table.

TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Strength on 1st July 1899.	Deaths per 1,000 of strength (*a*).	Liability.
Under 6 months	...	...	...	...	3	...	2	2	10	8	1**	1	15	24‖	82	362	226·52	45·70
Between 6 and 12 months	...	...	...	...	3	1	1	1	8	9	13†	...	5	1	57	426	133·80	27·00
„ 12 and 18 „	...	...	...	...	2	...	...	...	2	6	6‡	2	8	1	32	444	72·07	14·54
„ 18 and 24 „	...	...	...	...	...	...	...	...	...	1	2	2	1	...	11	477	23·06	4·65
„ 2 years and 5 years	...	...	2*	1	2	...	...	1	...	8	1**	1	...	...	28	1,670	16·77	3·38
„ 5 „ and 10 „	...	...	2	1	...	1	...	...	...	3	...	1	...	...	12	1,561	7·69	1·55
„ 10 „ and 15 „	...	...	...	...	...	...	...	...	...	1	...	...	...	1	3	565	5·31	1·07
„ 15 „ and upwards	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	96	10·42	2·10
TOTAL	...	...	4	2	10	2	3	4	20	36	23	7	29	27	226	5,601	40·35	100

* Croup.

† Three with convulsions and one with diarrhœa.

‡ Two with diarrhœa.

‖ Fourteen immaturity at birth.

** With convulsions.

(*a*) On the supposition that the strength on 1st July represents the average annual strength.

II.—NATIVE TROOPS, 1899.

TABLE H.

STATIONS by COMMANDS.

STATIONS.	Height above the sea level in feet.*	Authority for height.†
BENGAL COMMAND :—		
Manipur	2,619	S. G.
Sadiya	...	...
Dibrugarh	342	S. G.
Silchar	104	M. D.
Fort William	17	S. G.
Alipore	...	...
Ballygunge	...	...
Dum-Dum	...	...
Barrackpore	24	S. G.
Buxa	2,457	,,
Cuttack	74	,,
Doranda	2,166	,,
Dinapore	...	...
Benares	256	S. G.
Allahabad	298	,,
Fyzabad	336	,,
Lucknow	400	,,
Cawnpore	417	,,
Fatehgarh	444	I. B.
Bareilly	560	S. G.
Roorkee	884	,,
Dehra Dun	2,229	,,
Meerut	739	,,
Delhi	715	,,
Agra	554	,,
Gwalior	...	...
Jhansi	860	S. G.
Nowgong	770	I. B.
Goona	1,617	S. G.
Agar	1,671	,,
Sehore	1,617	,,
Saugor	1,753	,,
Sutna	1,040	M. D.
Jubbulpore	1,306	S. G.
Kohima	4,500	I. B.
Shillong	4,987	S. G.
Gantak	5,000	I. B.
Darjeeling	7,168	S. G.
Almora	5,494	,,
Ranikhet	5,983	,,
Naini Tal	6,400	,,
Lansdowne	...	...
PUNJAB COMMAND :—		
Umballa	902	S. G.
Ludhiana	806	,,
Jullundur	900	,,
Ferozepore	645	,,
Meean Meer	706	,,
Amritsar	756	,,
Sialkot	829	,,
Jhelum	827	,,
Rawalpindi	1,707	,,
Attock	891	,,
Mardan	...	...
Nowshera	1,100	M. O.
Peshawar	1,165	S. G.
Fort Jamrud	1,610	S. G.
Kohat	1,768	S. G.
Usterzai	2,189	I. B.
Bahadur Khel	1,873	,,
Latammar	1,398	,,
Edwardesabad	1,279	,,
Jani Khel	1,300	,,
Dera Ismail Khan	571	S. G.
Tank, Jatta	1,000	I. B.
Draband	500	,,
Mangrota	500	,,
Dera Ghazi Khan	395	S. G.
PUNJAB COMMAND :—*contd.*		
Mooltan	402	S. G.
Sadda	...	...
Idak	2,140	I. B.
Khajuri	2,080	,,
Saidgi	1,775	,,
Jandola	2,400	,,
Khajuri Kach	2,500	,,
Simla	7,230	S. G.
Jutogh	6,371	,,
Dharmsala	6,111	,,
Bakloh	4,585	,,
Murree	7,098	,,
Khyragully	8,746	,,
Baragully	...	...
Kalabagh	7,936	I. B.
Gilgit	4,890	S. G.
Chitral	4,980	,,
Kila Drosh	4,250	I. B.
Abbottabad	4,152	S. G.
Cherat	4,520	,,
Miran Shah	3,050	I. B.
Boya	3,600	,,
Datta Khel	4,500	,,
Haidari Kach	3,880	,,
Sarwekai	4,076	,,
Wana	4,500	,,
MADRAS COMMAND :—		
Port Blair	85	S. G.
Rangoon	14	,,
Thayetmyo	145	,,
Loikaw	2,830	,,
Keng Tung	2,773	,,
Fort Stedman	2,900	,,
Thamakan	...	...
Meiktila	298	S. G.
Fort Dufferin	249	,,
Thabeitkyin	...	...
Bhamo	351	S. G.
Myingyan	243	,,
Secunderabad	1,732	,,
Belgam	2,473	,,
Cannanore	47	,,
Trichoor	29	,,
Quilon	...	...
Trivandrum	198	M. D.
Bellary	1,483	S. G.
Bangalore	3,021	,,
Madura	438	,,
Trichinopoly	274	,,
Vellore	698	,,
Pallávaram	74	,,
St. Thomas' Mount	250	,,
Madras	15	,,
Vizianagram	191	,,
Berhampur	60	,,
Maymyo	3,600	,,
Bampon	4,000	I. B.
Toungyi	5,715	S. G.
Ootacamund	7,216	,,
BOMBAY COMMAND :—		
Bikaner	828	S. G.
Sibi	495	,,
Jacobabad	181	,,
Hyderabad	134	I. B.
Kurrachee	28	S. G.
Bhuj	...	...
Rajkot	417	S. G.
Deesa	468	,,
Sadra	216	,,
Ahmedabad	170	,,
BOMBAY COMMAND :—*contd.*		
Baroda	...	...
Barwani	609	S. G.
Alirajpore	977	,,
Sirdarpore	1,659	,,
Jhabwa	1,171	,,
Kherwara	1,050	,,
Kotra	1,033	,,
Udaipur	1,950	,,
Erinpura	869	,,
Neemuch	1,613	,,
Deoli	1,122	,,
Beawar	1,465	,,
Nasirabad	1,461	,,
Ajmer	1,627	,,
Sambhar	1,254	M. D.
Jaipur	1,582	S. G.
Jhalawar	1,242	,,
Indore	1,806	,,
Mhow	1,903	,,
Asirgarh	2,283	,,
Sambalpur	490	,,
Raipur	975	,,
Kamptee	941	,,
Sitabaldi	1,236	,,
Malegaon	1,387	,,
Ahmednagar	2,125	,,
Satara	2,183	,,
Poona	1,909	,,
Kirkee	1,837	,,
Sirur	...	...
Thana	24	S. G.
Bombay	20	,,
Butcher's Island	71	,,
Mir Ali Khel	3,650	I. B.
Fort Sandeman	4,700	,,
Khan Mohamed Kot	3,431	S. G.
Murgha	5,100	I. B.
Loralai	4,450	S. G.
Gumbaz	3,000	I. B.
Quetta	5,511	S. G.
Peshin	5,157	,,
Shelabagh	7,700	I. B.
Spinwana	7,800	,,
Chaman	5,488	S. G.
Mount Abu	3,960	,,
Indian Marine Ship *Lawrence*	...	...
Chabbar	...	...
Jask	...	...
Muscat	...	...
Bushire	40	I. B.
Bagdad	300	,,
Aden	26	S. G.
Khormaksar	50	I. B.
Sheikh Othman	50	,,
Perim	249	,,
Zaila	...	...
Bulhar	...	...
Berbera	...	...
HYDERABAD CONTINGENT :—		
Ellichpur	1,218	S. G.
Hingoli	...	...
Jalna	...	...
Aurangabad	1,865	M. D.
Mominabad	...	...
Bolarum	...	...
Raichur	1,310	S. G.

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* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.

† S. G. = Surveyor-General of India ; I. B. = Intelligence Branch of the Quarter-Master-General's Department ; M. D. = Meteorological Department ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

TABLE XXVI.

RATIOS of COMMANDS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the Average Strength.					
	Bengal Command.	Punjab Command.	Madras Command.	Bombay Command.	Hyderabad Contingent.	Army of India.*
I.—Average Annual Strength	26,820	44,224	23,255	26,657	6,556	128,529
II.—Constantly-sick-rate of each month—						
January	28·0	28·5	30·9	31·4	19·4	29·4
February	26·9	26·1	31·9	27·8	15·7	27·6
March	26·0	23·0	29·7	25·4	17·3	25·8
April	24·5	22·8	28·0	22·9	15·3	24·4
May	25·3	24·5	27·6	23·4	13·2	25·2
June	25·1	24·4	28·2	23·4	13·5	25·0
July	26·0	29·4	28·7	23·7	12·7	26·9
August	32·0	35·2	30·1	24·8	14·0	30·4
September	34·7	33·1	29·8	26·8	12·7	30·4
October	33·0	29·8	29·6	27·4	13·0	29·0
November	35·4	28·0	31·5	28·6	15·7	29·7
December	31·6	24·9	31·6	28·2	15·0	27·7
Of the year	29·2	27·4	29·8	26·3	14·9	27·7
III.—Admission-rate of the year—						
Influenza	2·5	29·9	3·9	1·1	9·5	12·3
Cholera	2·1	1·1	·7	·2	...	1·0
Small-pox	·4	·6	·2	·2	...	·4
Enteric Fever	·1	·2	...	·1	...	·1
Intermittent Fever	307·5	256·6	239·6	220·7	164·3	260·2
Remittent Fever	15·4	28·3	6·3	9·5	15·6	17·0
Simple Continued Fever	3·1	1·2	8·5	5·7	3·2	4·0
Tubercle of the lungs	4·1	4·4	2·2	2·6	·6	3·3
Pneumonia	13·9	23·5	5·6	19·4	9·9	16·6
Other Respiratory Diseases	22·4	31·5	23·0	30·8	14·5	27·0
Dysentery	37·2	39·5	25·2	44·5	16·2	38·0
Diarrhœa	5·9	6·6	5·0	12·7	2·0	7·1
Hepatic Abscess	...	...	·2	...	·2	·1
Congestion and Inflammation	1·2	·6	1·6	2·1	·8	1·2
Scurvy	1·0	2·5	·1	5·4	3·2	2·4
Venereal Diseases	38·7	21·5	51·9	37·7	21·5	34·1
All Causes	715·7	730·9	672·3	698·8	430·1	704·8
IV.—Death-rate of the year—						
Cholera	1·19	·50	·52	·08	...	·53
Small-pox	...	·02	...	·04	...	·02
Enteric Fever	...	·02	...	·08	...	·02
Intermittent Fever	1·01	·63	·90	·34	·15	·68
Remittent Fever	·89	1·67	·82	·90	·92	1·17
Simple Continued Fever	...	·05	...	·11	...	·04
Circulatory Diseases	·22	·11	·52	·26	·15	·24
Tubercle of the lungs	·89	·93	·30	·53	·15	·68
Pneumonia	2·39	5·83	1·46	4·31	3·51	3·86
Other Respiratory Diseases	·26	·34	·39	·49	·15	·37
Dysentery	·67	·20	·17	·41	·15	·35
Diarrhœa	·22	...	·13	·26	...	·12
Hepatic Abscess	·11	·02	·04	...	...	·04
Anæmia and Debility	·19	·14	·30	·15	...	·17
All Causes	10·03	12·48	9·03	10·69	6·86	10·70
V.—Percentage in 100 Admissions—						
Influenza	·35	4·09	·58	·16	2·20	1·75
Cholera	·29	·15	·11	·02	...	·14
Small-pox	·05	·08	·03	·03	...	·05
Enteric Fever	·02	·03	·01	·02	...	·02
Intermittent Fever	42·97	35·11	35·63	31·58	38·19	36·91
Remittent Fever	2·15	3·88	·94	1·36	3·62	2·41
Simple Continued Fever	·43	·17	1·27	·82	·74	·56
Tubercle of the lungs	·58	·60	·33	·37	·14	·47
Pneumonia	1·94	3·21	·83	2·78	2·30	2·35
Other Respiratory Diseases	3·13	4·31	3·43	4·41	3·37	3·83
Dysentery	5·19	5·40	3·74	6·37	3·76	5·39
Diarrhœa	·82	·90	·75	1·81	·46	1·01
Hepatic Abscess	·01	·01	·03	...	·04	·01
Congestion and Inflammation	·16	·08	·24	·30	·18	·17
Scurvy	·14	·34	·01	·77	·74	·34
Venereal Diseases	5·41	2·94	7·73	5·40	5·00	4·83
VI.—Percentage in 100 Deaths—						
Cholera	11·9	4·0	5·7	·7	...	4·9
Small-pox	...	·2	...	·4	...	·1
Enteric Fever	...	·2	...	·7	...	·2
Intermittent Fever	10·0	5·1	10·0	3·2	2·2	6·3
Remittent Fever	8·9	13·4	9·0	8·4	13·3	11·0
Simple Continued Fever	...	·4	...	1·1	...	·4
Circulatory Diseases	2·2	·9	5·7	2·5	2·2	2·3
Tubercle of the lungs	8·9	7·4	3·3	4·9	2·2	6·3
Pneumonia	23·8	46·7	16·2	40·4	51·1	36·1
Other Respiratory Diseases	2·6	2·7	4·3	4·6	2·2	3·4
Dysentery	6·7	1·6	1·9	3·9	2·2	3·2
Diarrhœa	2·2	...	1·4	2·5	...	1·2
Hepatic Abscess	1·1	·2	·5	...	...	·4
Anæmia and Debility	1·9	1·1	3·3	1·4	...	1·6

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* For complete detail of diseases—see Table LIII.

TABLE XXVII.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII. The actuals will be found in Table XXIX.

	Ratio per 1,000 of the Average Strength.												
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gangetic Plain and Chutia Nagpur.	VI Upper Sub-Himalaya.	VII N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	VIII S.-E. Rajputana, Central India, and Gujarat.	IX Deccan.	X Western Coast.	XI Southern India.	XII Hill Stations.	Army of India.*
I.—Average Annual Strength	1,389	4,257	1,490	2,867	6,166	15,555	16,269	12,522	19,410	3,306	8,075	18,339	128,529
II.—Constantly-sick-rate of each month—													
January	33·0	38·7	31·4	45·1	27·5	26·7	36·2	24·9	25·4	36·6	38·8	41·3	29·4
February	39·4	43·7	39·0	31·7	22·7	25·1	34·3	21·7	25·1	28·9	36·6	40·1	27·6
March	39·5	43·3	35·0	26·1	25·1	22·3	28·7	21·1	23·4	25·4	32·2	36·3	25·8
April	33·4	29·0	43·2	23·6	24·6	23·2	27·9	18·5	20·9	30·0	30·0	31·2	24·4
May	42·6	26·3	47·4	23·1	22·8	22·5	26·5	18·8	19·4	30·4	30·1	31·6	25·2
June	34·7	29·6	47·7	26·1	20·6	22·1	28·8	17·2	20·5	32·6	31·5	31·8	25·0
July	33·0	32·7	49·5	26·3	21·2	24·8	32·4	18·1	19·9	27·4	31·6	37·8	26·9
August	28·4	37·7	49·0	16·4	27·7	25·9	33·5	21·5	21·6	29·8	32·9	50·0	30·4
September	28·3	39·8	40·0	59·5	29·4	29·2	28·8	23·7	22·2	30·0	31·8	51·0	30·4
October	34·4	46·4	39·1	56·1	29·3	27·2	31·7	24·7	21·6	24·4	29·5	42·7	29·0
November	32·7	44·8	45·5	79·9	32·4	23·5	35·8	27·3	23·9	27·8	34·0	38·2	29·7
December	54·8	41·1	47·2	68·7	30·5	21·1	31·7	25·8	22·2	38·2	32·8	35·0	27·7
Of the Year	36·2	38·2	42·7	42·2	26·3	24·4	31·5	22·1	22·3	30·0	32·7	38·9	27·7
III.—Admission-rate of the Year—													
Influenza	...	2·6	28·9	...	·2	·7	17·6	·3	9·5	·6	...	20·2	12·3
Cholera	...	...	...	...	...	2·5	·1	...	·1	...	1·7	·1	1·0
Small-pox	...	·2	...	·7	·5	·2	1·4	·3	·1	...	·4	·1	·4
Enteric Fever	...	...	...	...	...	·3	·3	...	·1	·3	·1	·3	·1
Intermittent Fever	262·1	487·0	291·9	1,077·8	159·3	162·2	278·3	202·0	228·0	154·9	189·2	322·5	260·2
Remittent Fever	16·6	10·1	20·1	12·2	17·0	22·8	32·6	10·2	11·2	14·5	3·6	22·9	17·0
Simple Continued Fever	20·9	2·3	1·3	·3	9·2	·8	2·5	5·7	4·1	7·3	15·4	·9	4·0
Tubercle of the lungs	2·9	2·6	6·7	1·4	3·6	5·5	3·8	2·4	1·0	3·3	2·1	7·1	3·3
Pneumonia	5·0	2·8	8·7	3·1	12·5	15·1	32·3	15·4	12·1	13·0	6·7	26·6	16·6
Other Respiratory Diseases	15·8	49·3	55·4	24·1	18·8	19·0	42·5	19·1	16·0	36·0	19·3	41·3	27·0
Dysentery	85·0	33·4	93·3	55·5	30·7	22·1	45·9	23·6	27·2	77·7	16·6	47·1	38·0
Diarrhœa	·7	12·5	8·1	12·2	5·5	3·8	7·0	8·9	4·5	29·6	2·2	8·3	7·1
Hepatic Abscess	...	·2	...	...	·2	...	...	...	·1	...	·4	·1	·1
Hepatic Congestion and Inflammation	...	1·6	2·7	·7	·8	·5	·7	1·3	1·2	1·2	2·4	2·5	1·2
Scurvy	...	...	5·4	·3	·5	1·2	2·3	2·9	2·0	2·1	·1	5·0	2·4
Venereal Diseases	71·3	40·4	45·6	42·2	28·7	31·8	17·3	31·9	42·7	59·0	47·7	47·2	34·1
All Causes	887·0	994·8	963·8	1,480·6	544·8	553·8	838·8	583·4	618·3	754·7	597·2	879·5	704·8
IV.—Death-rate of the Year—													
Cholera	...	...	...	...	...	1·09	...	...	·10	...	·99	·05	·53
Small-pox	...	...	...	...	...	...	·06	·08	...	...	...	...	·02
Enteric Fever	...	...	...	...	...	...	...	...	...	·30	...	·11	·02
Intermittent Fever	·72	2·35	·67	2·44	·81	·84	·37	...	·31	·60	·37	·98	·68
Remittent Fever	·72	·70	·67	1·05	·65	1·41	2·15	1·04	·57	1·81	1·11	1·36	1·17
Simple Continued Fever	...	...	...	...	...	...	·06	...	·10	·30	...	·05	·04
Circulatory Diseases	...	·47	...	·35	...	·26	·06	·16	·36	·30	·51	·33	·24
Tubercle of the lungs	...	·47	...	...	·32	·90	·61	·48	·21	...	·37	2·29	·68
Pneumonia	...	·70	...	1·05	2·11	3·28	8·42	2·40	2·88	3·02	1·49	6·76	3·86
Other Respiratory Diseases	...	·23	...	·70	·49	·26	·55	·40	·26	...	·37	·65	·37
Dysentery	·72	...	·67	1·74	...	·45	·12	·40	·10	1·21	·25	·27	·35
Diarrhœa	...	·47	...	...	·32	·06	...	...	·10	·30	...	·27	·12
Hepatic Abscess	...	...	...	·35	·16	...	...	...	...	...	·12	·11	·04
Anæmia and Debility	...	·47	·67	·35	·16	·13	·06	·08	·21	...	·12	·22	·17
All Causes	7·20	9·40	6·71	9·77	7·78	9·90	15·31	6·71	9·43	9·98	7·55	15·54	10·70
V.—Percentage in 100 Admissions—													
Influenza	...	·26	2·99	...	·03	·13	2·10	·05	1·53	·08	...	2·29	1·75
Cholera	...	...	...	...	...	·45	·01	...	·02	...	·29	·01	·14
Small-pox	...	·02	...	·05	·09	·03	·17	·05	·02	...	·06	·01	·05
Enteric Fever	...	...	...	...	...	·06	·04	...	·01	·04	·02	·03	·02
Intermittent Fever	29·55	48·95	30·29	72·79	29·23	29·29	33·17	34·63	36·87	20·52	31·69	36·67	36·91
Remittent Fever	1·87	1·02	2·09	·82	3·13	4·11	3·89	1·75	1·82	1·92	·60	2·60	2·41
Simple Continued Fever	2·35	·24	·14	·02	1·70	·15	·30	·99	·66	·96	2·57	·10	·56
Tubercle of the lungs	·32	·26	·70	·09	·65	·99	·45	·41	·17	·44	·35	·81	·47
Pneumonia	·57	·28	·91	·21	2·29	2·73	3·85	2·64	1·96	1·72	1·12	3·02	2·35
Other Respiratory Diseases	1·79	4·96	5·71	1·63	3·45	3·44	5·06	3·27	2·59	4·77	3·24	4·70	3·83
Dysentery	9·58	3·35	9·68	3·75	5·63	3·98	5·47	4·05	4·40	10·30	2·78	5·35	5·39
Diarrhœa	·08	1·25	·84	·82	1·01	·68	·84	1·52	·72	3·93	·37	·94	1·01
Hepatic Abscess	...	·02	...	...	·03	...	...	...	·01	...	·06	·01	·01
Hepatic Congestion and Inflammation	...	·17	·28	·05	·15	·09	·09	·22	·19	·16	·39	·29	·17
Scurvy	...	...	·56	·02	·09	·22	·27	·49	·32	·28	·02	·57	·34
Venereal Diseases	8·04	4·06	4·74	2·85	5·27	5·73	2·07	5·48	6·90	7·82	7·98	5·36	4·83
VI.—Percentage in 100 Deaths—													
Cholera	...	...	...	...	...	11·0	...	...	1·1	...	13·1	·4	4·9
Small-pox	...	...	...	...	...	...	·4	1·2	...	...	...	...	·1
Enteric Fever	...	...	...	...	...	...	...	...	...	3·0	...	·7	·2
Intermittent Fever	10·0	25·0	10·0	25·0	10·4	8·4	2·4	...	3·3	6·1	4·9	6·3	6·3
Remittent Fever	10·0	7·5	10·0	10·7	8·3	14·3	14·1	15·5	6·0	18·2	14·8	8·8	11·0
Simple Continued Fever	...	...	...	...	...	...	·4	...	1·1	3·0	...	·4	·4
Circulatory Diseases	...	5·0	...	3·6	...	2·6	·4	2·4	3·8	3·0	6·6	2·1	2·3
Tubercle of the lungs	...	5·0	...	...	4·2	9·1	4·0	7·1	2·2	...	4·9	14·7	6·3
Pneumonia	...	7·5	...	10·7	27·1	33·1	55·0	35·7	30·6	30·3	19·7	43·5	36·1
Other Respiratory Diseases	...	2·5	...	7·1	6·2	2·6	3·6	6·0	2·7	...	4·9	4·2	3·4
Dysentery	10·0	...	10·0	17·9	...	4·5	·8	6·0	1·1	12·1	3·3	1·8	3·2
Diarrhœa	...	5·0	...	...	4·2	·6	...	...	1·1	3·0	...	1·8	1·2
Hepatic Abscess	...	...	...	3·6	2·1	...	...	...	...	...	1·6	·7	·4
Anæmia and Debility	...	5·0	10·0	3·6	2·1	1·3	·4	1·2	2·2	...	1·6	1·4	1·6

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* Including Group Extra-India. For complete detail of diseases—see Table LIII.

TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX.

Stations and Groups.	Average annual strength.	1. Admission-rate.														2. Death-rate.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All causes.	Constantly sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Port Blair	305	...	...	...	...	314·8	3·3	...	...	...	...	...	65·6	3·3	...	...	...	13·1	49·2	731·1	23·0	3·3	...	32·8	13·1
		...	...	...	...	3·28	...	...	...	...	...	...	3·28	...	...	...	...	...	...	6·56		...	...	...	...
Rangoon	1,084	...	...	...	...	247·2	20·3	26·8	13·8	3·7	6·5	20·3	90·4	...	...	...	...	19·4	77·5	930·8	39·7	21·2	15·7	17·5	23·1
		...	...	...	...	...	·92	...	...	...	...	...	...	...	...	...	...	...	...	7·38		...	...	...	...
Group I.—Burma Coast and Bay Islands.	1,389	...	...	...	...	262·1	16·6	20·9	10·8	2·9	5·0	15·8	85·0	·7	...	...	...	18·0	71·3	887·0	36·2	17·3	12·2	20·9	20·9
		...	...	...	...	·72	·72	...	...	...	...	...	·72	...	...	...	...	...	...	7·20		...	...	...	...
Thayetmyo	132	...	...	...	...	68·2	...	75·8	...	...	7·6	90·9	7·6	15·2	...	...	...	22·7	166·7	1,037·9	30·3	53·0	...	83·3	30·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Loikaw	86	...	...	...	...	1,686·0	34·9	...	...	...	...	104·7	58·1	11·6	11·6	...	...	11·6	...	2,325·6	46·5	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Keng Tung	454	...	...	...	...	1,528·6	19·8	...	2·2	...	4·4	50·7	28·6	8·8	...	...	...	11·0	13·2	2,224·7	83·7	...	...	13·2	...
		...	...	...	...	13·22	2·20	...	2·20	...	2·20	...	...	...	...	...	...	...	...	30·84		...	...	...	...
Fort Stedman	422	2·4	...	...	...	957·3	26·1	...	...	...	4·7	82·9	42·7	28·4	...	4·7	...	35·5	49·8	1,933·6	78·2	9·5	...	23·7	16·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2·37	...	14·22		...	...	...	...
Thamakan	24	...	...	...	...	458·3	...	...	...	...	...	41·7	83·3	...	...	...	...	41·7	...	750·0	41·7	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Meiktila	673	14·9	...	...	...	77·3	8·9	...	1·5	1·5	...	25·3	8·9	1·5	...	1·5	...	13·4	35·7	301·6	16·3	5·9	3·0	8·9	17·8
		1·49	...	...	...	...	...	...	...	...	1·49	...	...	2·97	...	...	...	...	...	5·94		...	...	...	...
Fort Dufferin	1,674	...	...	·6	...	252·7	8·4	...	·6	3·6	1·8	45·4	16·7	3·0	...	...	...	14·9	47·2	674·7	28·7	6·0	13·7	11·4	16·1
		...	...	...	...	1·19	1·19	...	...	1·19	...	·60	...	...	...	...	...	·60	·60	6·57		...	...	·60	...
Thabeitkyin	9	...	...	...	...	333·3	...	...	...	...	...	...	111·1	...	...	...	...	...	...	555·6	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bhamo	772	...	...	...	...	430·1	...	...	5·2	5·2	5·2	47·9	88·1	36·3	...	5·2	...	20·7	23·3	923·6	31·1	2·6	...	11·7	9·1
		...	...	...	...	2·59	...	...	1·30	...	1·30	...	...	...	...	...	...	...	...	6·48		...	...	...	...
Myingyan	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	83·3	166·7	333·3	...	...	...	83·3	83·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Group II.—Burma Inland	4,257	2·6	...	·2	...	487·0	10·1	2·3	1·6	2·6	2·8	49·3	33·4	12·5	·2	1·6	...	17·9	40·4	994·8	38·2	6·3	5·9	14·6	13·6
		·23	...	...	...	2·35	·70	...	·47	·47	·70	·23	...	·47	...	...	...	·47	·23	9·40		...	...	·23	...
Manipur	720	11·1	...	...	...	288·9	31·9	2·8	1·4	2·8	12·5	33·3	141·7	16·7	...	5·6	1·4	44·4	72·2	1,170·8	58·3	16·7	9·7	8·3	37·5
		...	...	...	...	1·39	1·39	...	...	...	...	...	1·39	...	...	1·39	...	1·39	...	9·72		...	...	...	...
Sadiya	76	...	...	...	...	881·6	78·9	...	...	...	13·2	13.2	52·6	...	...	...	...	13·2	26·3	1,368·4	26·3	...	...	...	26·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dibrugarh	252	...	...	...	...	369·0	4·0	...	4·0	31·7	4·0	35·7	43·7	...	...	...	7·9	4·0	23·8	674·6	27·8	4·0	...	15·9	4·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3·97		...	...	...	...
Silchar	441	79·4	...	...	...	151·9	...	...	...	...	4·5	108·8	49·9	...	...	...	11·3	49·9	18·1	723·4	29·5	6·8	...	9·1	2·3
		4·54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·54		...	...	...	...
Group III.—Assam	1490	28·9	...	...	...	291·9	20·1	1·3	1·3	6·7	8·7	55·4	93·3	8·1	...	2·7	5·4	37·6	45·6	963·8	42·7	10·7	4·7	9·4	20·8
		1·34	...	...	...	·67	·67	...	...	...	...	...	·67	...	...	·67	...	·67	...	6·71		...	...	...	...
Fort William	630	...	...	...	...	1,385·7	1·6	...	...	...	3·2	19·0	106·3	17·5	...	...	...	27·0	27·0	1,784·1	49·2	12·7	...	9·5	4·8
		...	...	...	...	6·35	1·59	...	...	...	...	3·17	...	...	...	...	...	...	...	11·11		...	...	...	...
Alipore	730	...	...	...	...	2,101·4	5·5	1·4	...	4·1	1·4	13·7	52·1	11·0	...	...	...	31·5	42·5	2,474·0	58·9	11·0	...	8·2	23·3
		...	...	...	...	1·37	...	...	...	...	...	...	...	...	...	...	...	1·37	...	2·74		...	...	...	...
Ballygunge	34	...	...	...	...	29·4	...	...	...	...	...	29·4	29·4	...	...	...	...	29·4	...	470·6	29·4	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dum-Dum	132	...	...	...	...	386·4	...	...	...	...	...	...	30·3	7·6	...	...	...	...	...	454·5	7·6	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Barrackpore	634	...	...	...	...	736·6	6·3	...	3·2	1·6	9·5	47·3	48·9	15·8	...	1·6	1·6	9·5	55·2	1,239·7	33·1	9·5	23·7	9·5	12·6
		...	...	...	...	3·15	...	...	1·58	...	4·73	...	4·73	...	...	...	...	...	...	17·35		...	...	...	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE.																							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Buxa	301	...	...	...	...	528·2	86·4	...	...	...	...	26·6	49·8	16·6	...	...	...	93·0	13·3	1,255·8	56·5	3·3	6·6	3·3	...
		...	...	...	...	...	6·64	...	...	...	...	...	...	...	...	...	...	...	...	6·64		...	...	...	...
Cuttack	406	...	...	4·9	...	12·3	...	...	...	...	...	19·7	7·4	...	...	2·5	...	7·4	83·7	184·7	14·8	39·4	...	12·3	32·0
		...	...	...	...	...	...	...	...	...	...	...	4·93	...	2·46	...	...	...	2·46	14·78		...	...	...	2·46
GROUP IV.—BENGAL AND ORISSA	2,867	...	...	·7	...	1,077·8	12·2	·3	·7	1·4	3·1	24·1	55·5	12·2	...	·7	·3	27·2	42·2	1,480·6	42·2	13·6	5·9	8·4	14·3
		...	...	...	...	2·44	1·05	...	·35	...	1·05	·70	1·74	...	·35	...	...	·35	·35	9·77		...	...	...	·35
A. Doranda	457	...	...	...	...	100·7	2·2	...	...	2·2	13·1	35·0	13·1	...	...	...	...	17·5	13·1	361·1	15·3	2·2	2·2	2·2	6·6
		...	...	...	...	...	...	...	...	2·19	...	2·19	...	...	...	...	...	...	...	4·38		...	...	...	...
B. Dinapore	550	...	...	5·5	...	212·7	...	...	...	...	...	30·9	30·9	14·5	...	...	...	1·8	47·3	576·4	34·5	3·6	5·5	20·0	18·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Benares	754	...	...	...	...	229·4	...	2·7	...	2·7	4·7	10·6	37·1	6·6	...	2·7	1·3	4·0	23·9	652·5	22·5	8·0	...	11·9	4·0
		...	...	...	...	...	...	...	...	...	2·65	...	...	...	...	...	...	...	...	5·31		...	...	...	...
Allahabad	1,144	...	...	...	...	144·2	6·1	4·4	2·6	3·5	14·0	12·2	40·2	7·0	·9	...	...	5·2	17·5	480·8	22·7	5·2	5·2	4·4	2·6
		...	...	...	...	·87	·87	...	...	·87	1·75	...	...	..	·87	...	...	...	...	13·99		...	...	...	...
Fyzabad	853	1·2	...	...	...	107·9	55·1	...	...	5·9	11·7	28·1	24·6	5·9	...	2·3	1·2	14·1	39·9	542·8	27·0	14·1	1·2	8·2	16·4
		...	...	...	...	...	1·17	...	...	...	2·34	...	...	...	...	...	...	...	...	3·52		...	...	...	...
Lucknow	1,233	...	...	...	...	178·4	9·7	...	...	5·7	23·5	18·7	28·4	6·5	...	...	·8	6·5	24·3	609·1	31·6	5·7	·8	10·5	7·3
		...	...	...	...	3·24	...	...	...	...	1·62	...	...	1·62	...	...	...	...	...	7·30		...	...	...	...
Cawnpore	1,089	...	...	...	...	133·1	34·9	45·9	...	2·8	11·0	8·3	32·1	...	...	·9	...	15·6	38·6	525·3	26·6	9·2	5·5	14·7	9·2
		...	...	...	...	...	1·84	...	...	...	4·59	·92	...	...	...	...	...	·92	...	11·94		...	...	...	...
Fatehgarh	87	...	...	...	...	275·9	...	...	...	...	11·5	57·5	11·5	...	...	...	...	...	11·5	563·2	23·0	11·5	...	...	...
		...	...	...	...	...	...	...	...	...	...	11·49	...	...	...	...	...	...	...	11·49		...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,166	·2	...	·5	...	159·3	17·0	9·2	·5	3·6	12·5	18·8	30·7	5·5	·2	·8	·5	8·9	28·7	544·8	26·3	7·3	2·9	10·1	8·4
		...	...	...	...	·81	·65	...	...	·32	2·11	·49	...	·32	·16	...	...	·16	...	7·78		...	...	...	...
A. Bareilly	1,035	1·0	...	1·9	...	184·5	43·5	...	...	10·6	4·8	8·7	11·6	1·9	...	...	1·0	1·0	33·8	594·2	42·5	15·5	1·0	7·7	9·7
		...	...	...	...	5·80	3·86	...	...	...	...	...	2·90	...	...	...	...	...	...	13·53		...	...	...	...
Roorkee	519	...	...	...	...	69·4	...	...	...	5·8	11·6	17·3	23·1	...	...	...	1·9	13·5	19·3	346·8	13·5	1·9	...	1·9	15·4
		...	...	...	...	...	...	...	...	1·93	...	...	...	...	...	...	...	...	...	1·93		...	...	...	...
Dehra Dun	1,316	1·5	·8	...	2·3	247·7	3·8	7·6	·8	17·5	7·6	42·6	7·6	7·6	...	1·5	3·0	6·8	69·1	756·8	43·3	20·5	13·7	16·0	19·0
		...	·76	...	...	1·52	...	...	...	5·32	1·52	...	·76	·76	...	·76	...	·76	...	15·20		...	...	...	...
Meerut	1,030	...	...	...	...	152·4	11·7	...	1·0	3·9	24·3	33·0	30·1	2·9	...	1·0	...	8·7	42·7	630·1	21·4	5·8	11·7	18·4	6·8
		...	...	...	...	·97	...	...	·97	1·94	9·71	...	...	...	...	...	...	...	...	14·56		...	...	...	...
Delhi	742	...	...	...	...	413·7	16·2	...	...	1·3	20·2	27·0	31·0	8·1	...	...	...	28·3	28·3	831·5	24·3	20·2	...	2·7	5·4
		...	...	...	...	...	...	...	...	...	5·39	...	...	...	...	...	...	...	...	5·39		...	...	...	...
Umballa	1,111	...	...	...	...	48·6	27·0	...	1·8	6·3	6·3	12·6	17·1	·9	...	...	2·7	13·5	18·9	456·3	20·7	9·0	...	5·4	4·5
		...	...	...	...	...	·90	...	·90	...	·90	...	1·80	...	...	...	...	...	...	7·20		...	...	...	...
B. Ludhiana	30	...	...	...	...	300·0	...	...	...	...	...	...	...	...	...	...	...	33·3	33·3	500·0	33·3	33·3	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Jullundur	805	...	...	...	...	101·9	5·0	1·2	...	12·4	13·7	19·9	21·1	2·5	...	...	...	7·5	38·5	437·3	21·1	5·0	2·5	13·7	17·4
		...	...	...	...	...	2·48	...	...	1·24	4·97	1·24	...	...	...	...	...	...	...	9·94		...	...	...	...
Ferozepore	1,704	...	...	...	...	322·8	12·9	...	...	2·3	6·5	11·2	17·6	4·1	...	...	1·2	7·6	17·0	606·8	20·0	4·7	2·3	4·1	5·9
		...	...	...	...	...	2·35	...	...	...	1·76	·59	·59	...	...	...	...	·59	...	5·87		...	...	...	...
Meean Meer	1,800	4·4	20·6	...	...	164·4	15·0	...	1·1	·6	36·1	20·0	52·2	4·4	...	1·7	2·2	24·4	38·9	689·4	22·8	5·6	2·2	16·1	15·0
		·56	8·33	...	...	...	...	...	1·11	...	4·44	·56	...	...	...	...	...	...	...	16·11		...	...	...	...
Amritsar	133	...	...	...	...	90·2	7·5	7·5	...	...	22·6	52·6	37·6	...	...	...	...	7·5	22·6	518·8	15·0	15·0	...	7·5	...
		...	...	...	...	...	7·52	...	...	...	...	...	...	...	...	...	...	...	...	7·52		...	...	...	...
Sialkot	1,773	...	·6	...	...	113·4	25·9	·6	...	3·4	18·0	10·7	11·3	3·9	...	...	...	9·6	22·0	444·4	22·6	9·6	2·8	1·1	8·5
		...	·56	...	...	·56	1·13	...	...	·56	3·95	...	...	...	...	...	...	...	...	7·33		...	...	...	...
Jhelum	1,598	...	...	...	...	41·9	20·7	...	...	5·0	16·3	9·4	18·1	4·4	...	...	·6	2·5	28·8	309·8	15·0	5·0	3·8	13·8	6·3
		...	...	...	...	...	1·83	...	...	1·25	3·75	...	...	...	...	...	...	...	...	9·39		...	...	...	...
Rawalpindi	1,864	...	...	·5	1·1	120·2	61·7	...	·5	3·8	9·1	21·5	19·8	2·7	...	1·1	1·1	6·4	27·9	542·4	26·3	4·8	·5	9·1	13·4
		...	...	...	...	1·61	2·68	...	...	...	2·68	·54	...	...	...	...	...	...	...	8·05		...	...	...	...
Attock	94	...	...	...	...	117·0	21·3	...	...	...	21·3	21·3	42·6	10·6	...	...	10·6	...	10·6	478·7	21·3	...	...	10·6	...
		...	...	...	...	...	...	...	...	...	10·64	...	...	...	...	...	...	...	...	10·64		...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	15,555	·7	2·5	·2	·3	162·2	22·8	·8	·5	5·5	15·1	19·0	22·1	3·8	...	·5	1·2	10·3	31·8	553·8	24·4	8·6	3·4	9·5	10·3
		·06	1·09	...	...	·84	1·41	...	·26	·90	3·28	·26	·45	·06	...	·06	...	·13	...	9·90		...	...	...	...

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly Sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A.																									
Mardan	1,063	·9	...	...	...	102·5	13·2	...	...	9·4	39·5	75·3	32·9	1·9	...	...	·9	5·6	15·1	445·9	20·7	·9	...	6·6	7·5
		...	...	...	...	...	1·88	...	...	...	13·17	...	·94	...	...	...	...	...	...	17·87		...	...	...	...
Nowshera	1,130	·9	...	·9	...	30·1	42·5	...	·9	2·7	7·1	5·3	4·4	·9	...	·9	·9	5·3	11·5	227·4	15·9	3·5	...	·9	7·1
		...	...	...	...	2·65	...	...	...	1·77	...	...	...	...	...	...	...	...	...	7·08		...	...	...	...
Peshawar	2,857	99·4	...	5·3	...	364·4	65·8	...	1·1	2·5	45·5	52·5	45·2	7·7	...	·7	·4	9·5	10·9	1,022·1	32·9	3·5	...	3·2	4.2
		...	...	·35	...	...	2·80	...	...	·35	13·65	...	...	...	...	...	...	...	...	18·55		...	...	...	...
Fort Jamrud	148	...	...	6·8	...	182·4	20·3	...	...	...	27·0	40·5	81·1	13·5	...	...	...	13·5	6·8	493·2	13·5	...	6·8	...	...
		...	...	...	...	...	...	...	...	...	6·76	13·51	...	...	...	...	...	...	...	20·27		...	...	...	...
Kohat	2,704	...	...	1·1	...	366·9	29·2	12·6	1·1	1·5	39·9	52·5	54·0	12·9	...	1·1	6·7	21·1	8·9	1,050·3	37·0	1·8	·7	1·8	4·4
		...	...	...	...	·37	2·22	·37	·37	...	9·25	·74	...	...	...	...	·37	...	·37	17·01		...	·37	...	...
Usterzai	27	...	...	...	...	592·6	...	...	...	...	...	...	259·3	37·0	...	...	...	...	...	925·9	37·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bahadur Khel	67	...	...	...	...	298·5	44·8	...	...	14·9	89·6	29·9	44·8	...	...	...	...	...	29·9	865·7	29·9	...	...	...	29·9
		...	...	...	...	...	...	...	...	...	29·85	...	...	...	...	...	...	...	...	29·85		...	...	...	...
Latammar	19	...	...	...	...	...	...	...	...	...	...	...	52·6	...	...	...	...	...	...	210·5	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad	1,605	...	...	1·2	1·9	451·7	67·3	...	...	6·9	45·5	35·5	49·2	7·5	...	...	1·9	21·2	7·5	1,173·8	42·4	·6	1·2	1·2	4·4
		...	...	...	...	·62	4·36	...	...	1·25	13·08	·62	...	...	...	...	...	...	...	28·04		...	...	...	...
Jani Khel	36	...	...	27·8	...	527·8	55·6	...	...	...	...	55·6	111·1	27·8	...	...	83·3	...	...	1,361·1	27·8	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dera Ismail Khan	1,453	...	...	...	...	265·7	11·7	...	1·4	3·4	37·2	50·9	40·6	8·9	...	1·4	·7	29·6	13·1	896·1	19·3	3·4	·7	3·4	5·5
		...	...	...	...	...	2·75	...	...	...	10·32	·69	...	...	...	...	...	·69	...	17·21		...	...	...	...
Tank, Jatta, and Draband.	188	...	...	...	...	250·0	26·6	...	...	...	10·6	37·2	106·4	5·3	...	...	...	...	10·6	744·7	31·9	...	...	5·3	5·3
		...	...	...	...	...	5·32	...	...	...	10·64	...	...	...	...	...	...	...	...	21·28		...	...	...	..
Mangrota	40	...	...	...	...	175·0	...	...	...	...	...	...	50·0	...	...	...	...	...	...	525·0	25·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Dera Ghazi Khan	635	...	...	...	...	168·5	14·2	...	...	6·3	17·3	45·7	53·5	1·6	...	...	3·1	17·3	26·8	831·5	34·6	3·1	...	3·1	20·5
		...	...	...	...	...	1·57	...	...	1·57	7·87	...	...	...	...	...	...	...	...	11·02		...	...	...	...
Mooltan	1,196	...	...	...	...	204·8	4·2	...	3·3	3·3	16·7	15·1	37·6	·8	...	...	...	20·9	20·1	683·9	25·1	6·7	3·3	2·5	7·5
		...	...	...	...	...	1·67	...	...	...	5·85	...	·84	...	...	...	...	...	...	9·20		...	...	...	...
Sadda	80	...	...	...	...	450·0	...	...	...	...	12·5	62·5	50·0	...	...	...	...	...	...	962·5	25·0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bikaner	40	...	...	...	...	50·0	...	...	...	...	...	...	...	...	...	...	...	...	...	50·0	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
B.																									
Idak	281	...	...	...	7·1	170·8	78·3	17·8	...	...	32·0	42·7	24·9	3·6	...	...	...	3·6	17·8	736·7	24·9	3·6	...	14·2	...
		...	...	...	...	...	...	...	...	...	3·56	...	...	...	...	...	...	...	...	3·56		...	...	...	...
Khajuri	39	...	...	...	...	179·5	51·3	...	...	...	25·6	...	51·3	...	...	...	...	...	...	359·0	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Saidgi	171	...	...	...	...	432·7	23·4	...	...	...	17·5	105·3	81·9	...	...	...	...	11·7	...	953·2	23·4	...	...	...	...
		...	...	...	...	...	...	...	...	...	5·85	...	...	...	...	...	...	...	...	17·54		...	...	...	...
Jandola	185	...	...	...	...	529·7	...	...	...	...	5·4	43·2	243·2	16·2	...	...	10·8	...	...	1,259·5	32·4	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·41		...	...	...	...
Khajuri Kach	276	...	...	...	...	76·1	7·2	...	...	43·5	21·7	43·5	97·8	25·4	...	3·6	...	21·7	14·5	539·9	21·7	3·6	...	7·2	3·6
		...	...	...	...	3·62	...	...	...	3·62	...	3·62	...	...	...	...	...	...	...	10·87		...	...	...	...
Sibi	135	...	...	...	...	229·6	29·6	...	...	...	29·6	37·0	66·7	...	...	...	7·4	...	7·4	629·6	22·2	...	...	...	7·4
		...	...	...	...	...	14·81	...	...	...	...	...	...	...	...	...	...	...	...	14·81		...	...	...	...
C.																									
Jacobabad	602	...	...	...	...	126·2	...	...	...	1·7	43·2	21·6	19·9	1·7	...	...	...	23·3	13·3	619·6	41·5	...	5·0	1·7	6·6
		...	...	...	...	...	...	...	...	1·66	4·98	3·32	...	...	...	...	...	...	...	14·95		...	...	...	...
Hyderabad	634	...	...	...	...	145·1	15·8	3·2	...	9·5	4·7	36·3	31·5	9·5	...	3·2	6·3	9·5	66·2	589·9	30·0	7·9	11·0	11·0	36·3
		...	...	...	...	...	...	...	...	3·15	1·58	...	...	...	...	...	1·58	...	...	6·31		...	...	...	...
Kurrachee	658	...	...	...	...	405·8	9·1	...	...	7·6	21·3	33·4	38·0	6·1	...	1·5	...	18·2	92·7	875·4	35·0	25·8	6·1	18·2	42·6
		...	...	...	...	...	3·04	...	...	...	...	...	...	...	...	...	...	...	...	4·56		...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	16,269	17·6	·1	1·4	·3	278·3	32·6	2·5	·8	3·8	32·3	42·5	45·9	7·0	...	·7	2·3	15·5	17·3	838·8	31·5	3·7	1·5	3·7	8·4
		...	...	·06	...	·37	2·15	·06	·06	·61	8·42	·55	·12	...	...	...	·12	·06	·06	15·31		...	·06	...	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate.																			Constantly Sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.		Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
A																									
Bhuj	454	8·8 ...	... ...	... ...	... ...	81·5 ...	6·6 4·41	4·4 ...	2·2 ...	2·2 ...	8·8 ...	13·2 ...	39·6 ...	4·4 ...	... ...	... ...	22·0 ...	6·6 ...	33·0 ...	623·3 6·61	30·8	2·2 ...	11·0 ...	... ...	19·8 ...
Rajkot	500	... ...	... ...	... ...	... ...	356·0 ...	6·0 ...	... ...	... ...	6·0 4·00	2·0 ...	38·0 ...	16·0 ...	8·0 ...	... ...	8·0 ...	22·0 2·00	8·0 ...	70·0 ...	900·0 6·00	36·0	40·0 ...	6·0 ...	8·0 ...	16·0 ...
Deesa	1,037	... ...	... ...	... ...	... ...	126·3 ...	2·9 ...	... ...	2·9 ·96	... ...	8·7 3·86	5·8 ·96	60·8 ·96	18·3 ...	... ...	... ...	3·9 ...	2·9 ...	28·0 ·96	516·9 9·64	20·3	3·9 ...	9·6 ...	4·8 ·96	9·6 ...
Sadra	69	... ...	... ...	... ...	... ...	453·8 ...	43·5 28·99	... ...	... ...	... ...	43·5 14·49	72·5 ...	29·0 ...	... ...	... ...	... ...	... ...	... ...	14·5 ...	710·1 43·48	14·5	... ...	... ...	... ...	14·5 ...
Ahmedabad	238	... ..	... ...	8·4 ...	... ...	361·3 ...	12·6 ...	4·2 ...	... ...	4·2 ...	8·4 ...	63·0 4·20	4·2 ...	21·0 ...	... ...	... ...	... ...	4·2 ...	50·4 ...	760·5 8·40	25·2	4·2 ...	16·8 ...	4·2 ...	25·2 ..
Baroda	702	... ...	... ...	... ...	... ...	272·1 ...	28·5 ...	25·6 ...	2·8 ...	2·8 1·42	12·8 ...	5·7 ...	45·6 ...	4·3 ...	... ...	1·4 ...	4·3 ...	4·3 ...	22·8 ...	642·5 2·85	21·4	5·7 ..	... ...	8·5 ...	8·5 ...
B																									
Barwani	71	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	14·1 ...	...	... ...	... ...	... ...	... ...
Alirajpore	38	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	26·3 ...	... ...	... ...	... ...	236·8 ...	...	... ...	... ...	... ...	... ...
Sirdarpore	302	... ...	... ...	... ...	... ...	149·0 ...	49·7 3·31	... ...	... ...	... ...	46·4 9·93	56·3 ...	6·6 3·31	6·6 ...	... ...	... ...	... ...	19·9 ...	23·2 ...	731·8 16·56	33·1	9·9 ...	... ...	... ...	13·2 ...
Jhabwa	39	... ...	... ...	... ...	... ...	51·3 ...	... ...	... ...	... ...	... ...	25·6 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	153·8 ...	...	... ...	... ...	... ...	... ...
Kherwara	356	... ...	... ...	... ...	... ...	14·0 ...	2·8 ...	61·8 ...	... ...	5·6 ...	16·9 2·81	39·3 ...	2·8 ...	2·8 ...	... ...	... ...	... ...	19·7 ...	... ...	488·8 2·81	22·5	... ...	... ...	... ...	... ...
Kotra	155	... ...	... ...	... ...	... ...	71·0 ...	... ...	... ...	... ...	... ...	6·5 ...	6·5 ...	12·9 ...	6·5 ...	... ...	... ...	... ...	... ...	6·5 ...	258·1 ...	12·9	... ...	... ...	... ...	6·5 ...
Udaipur	63	... ...	... ...	... ...	... ...	31·7 ...	... ...	... ...	... ...	... ...	15·9 ...	15·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	174·6 ...	...	... ...	... ...	... ...	... ...
Erinpura	573	.. ...	... ...	1·7 ...	... ...	47·1 ...	3·5 ...	1·7 ...	... ...	20·9 1·75	33·2 1·75	22·7 ...	26·2 1·75	7·0 ...	... ...	... ...	... ...	1·7 ...	19·2 1·75	406·6 12·22	17·5	... ...	... ...	7·0 ...	12·2 1·75
Neemuch	411	... ...	... ...	2·4 2·43	... ...	148·4 ...	7·3 ...	43·8 ...	... ...	... ...	7·3 ...	7·3 ...	43·8 ...	17·0 ...	... ...	4·9 ...	... ...	4·9 ...	7·3 ...	528·0 2·43	14·5	... ...	2·4 ...	... ...	4·9 ...
Deoli	576	... ...	... ...	... ...	... ...	137·2 ...	8·7 1·74	1·7 ...	... ...	... ...	13·9 5·21	12·2 ...	15·6 ...	8·7 ...	... ...	... ...	... ...	12·2 ...	31·2 ...	461·8 8·68	12·2	... ...	... ...	5·2 ...	260 ...
Beawar	54	... ...	... ...	... ...	... ...	37·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	37·0 ...	... ...	... ...	... ...	... ...	... ...	18·5 ...	111·1 ...	...	... ...	18·5 ...	... ...	... ...
Nasirabad	844	... ...	... ...	... ...	... ...	229·9 ...	9·5 1·18	... ...	... ...	2·4 ...	16·6 1·18	32·0 1·18	24·9 ...	32·0 ...	... ...	3·6 ...	7·1 1·18	13·0 1·18	48·6 ...	731·0 8·29	29·6	10·7 ...	8·3 ...	15·4 ...	14·2 ...
Ajmer	493	... ...	... ...	... ...	... ...	54·8 ...	4·1 2·03	2·0 ...	... ...	2·0 ...	18·3 ...	6·1 ...	4·1 ...	6·1 ...	... ...	... ...	2·0 ...	... ...	38·5 ...	286·0 2·03	12·2	12·2 ...	... ...	16·2 ...	10·1 ...
Sambhar	21	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	47·6 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	47·6 ...	...	... ...	... ...	... ...	... ...
Jaipur	60	... ...	... ...	... ...	... ...	166·7 ...	... ...	... ...	... ...	... ...	33·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	466·7 ...	15·7	... ...	... ...	... ...	... ...
Agra	746	... ...	... ...	... ...	... ...	238·6 ...	17·4 1·34	... ...	... ...	2·7 ...	20·1 6·70	12·1 ...	37·5 ...	1·3 ...	... ...	... ...	... ...	... ...	18·8 ...	528·2 8·04	22·8	... ...	10·7 ...	2·7 ...	5·4 ...
Gwalior	25	... ...	... ...	... ...	... ...	560·0 ...	... ...	... ...	... ...	... ...	... ...	40·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	40·0 ...	920·0 ...	40·0	... ...	... ...	40·0 ...	... ...
Jhansi	811	... ...	... ...	... ...	... ...	48·1 ...	... ...	... ...	1·2 1·23	... ...	38·2 6·17	3·7 ...	3·7 ...	3·7 ...	... ...	1·2 ...	1·2 ...	19·7 ...	44·4 ...	304·6 9·86	24·7	12·3 ...	... ...	13·6 ...	18·5 ...
Nowgong	1,206	... ...	... ...	... ...	... ...	367·3 ...	3·3 ·83	... ...	... ...	1·7 ...	14·9 ...	15·8 ...	7·5 ·83	5·0 ...	... ...	... ...	... ...	6·6 ...	53·9 ...	744·6 2·49	28·2	7·5 ...	13·3 ...	8·3 ...	24·9 ...
Jhalawar	16	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	... ...	... ...	... ...	... ...
Goona	373	... ...	... ...	... ...	... ...	107·2 ...	5·4 ...	8·0 ...	5·4 ...	... ...	13·4 2·68	18·8 2·68	16·1 ...	8·0 ...	... ...	10·7 2·68	... ...	... ...	10·7 ...	544·2 8·04	16·1	... ...	5·4 ...	2·7 ...	2·7 ...
Agar	386	... ...	... ...	... ...	... ...	98·4 ...	38·9 2·59	5·2 ...	2·6 ...	... ...	2·6 2·59	13·0 ...	10·4 ...	2·6 ...	... ...	... ...	... ...	10·4 ...	18·1 ...	546·6 7·77	20·7	2·6 ...	2·6 ...	7·8 ...	5·2 ...
Sehore	677	... ...	... ...	... ...	... ...	605·6 ...	8·9 ...	1·5 ...	... ...	... ...	7·4 ...	17·7 ...	10·3 ...	4·4 ...	... ...	... ...	... ...	5·9 ...	19·2 ...	974·9 1·48	20·7	3·0 ...	... ...	8·9 ...	7·4 ...

Stations and Groups.	Average annual strength.	1. Admission-rate. 2. Death-rate. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All causes.	Constantly sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Indore	270	...	...	...	...	222·2	7·4	...	...	7·4	25·9	59·3	40·7	3·7	...	...	...	...	18·5	685·2	18·5	14·8	...	...	3·7
		...	...	...	...	...	...	...	...	7·41	14·81	3·70	...	...	...	...	...	...	...	25·93		...	...	...	...
Mhow	958	...	...	...	...	196·2	15·7	2·1	1·0	...	5·2	26·1	33·4	10·4	...	...	...	5·2	48·0	587·7	21·9	13·6	5·2	14·6	14·6
		...	...	...	...	...	2·09	...	...	...	...	...	1·04	...	...	...	...	...	...	3·13		...	...	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	12,522	·3	...	·3	...	202·0	10·2	5·7	·9	2·4	15·4	19·1	23·6	8·9	...	1·3	2·9	6·8	31·9	583·4	22·1	6·9	5·0	7·3	12·6
		...	...	·08	...	...	1·04	...	·16	·48	2·40	·40	·40	...	...	·08	·16	·08	·16	6·71		...	...	·08	·08
A																									
Asirgarh	49	...	...	...	...	163·3	20·4	40·8	...	...	...	40·8	...	...	...	...	...	20·4	...	571·4	20·4	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Saugor	1,068	18·7	...	...	...	497·2	2·8	1·9	·9	...	40·3	7·5	30·9	2·8	...	...	2·8	6·6	52·4	921·3	30·9	25·3	...	15·0	12·2
		...	...	...	...	...	...	...	...	...	5·62	...	...	...	...	...	...	...	...	7·49		...	...	...	...
Sutna	30	...	...	...	...	133·3	33·3	...	...	...	...	...	...	...	...	...	...	...	33·3	333·3	33·3	33·3	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Jubbulpore	716	...	...	...	...	310·1	46·1	...	1·4	...	11·2	34·9	60·1	8·4	...	1·4	...	4·2	50·3	784·9	26·5	1·4	11·2	9·8	27·9
		...	...	...	...	...	...	...	1·40	...	2·79	...	...	...	...	...	...	...	...	5·59		...	...	...	...
Sambalpur	298	...	...	...	...	312·1	3·4	...	10·1	...	23·5	30·2	26·8	10·1	...	3·4	...	26·8	53·7	795·3	33·6	16·8	...	10·1	26·8
		...	...	...	...	...	...	...	3·36	...	10·07	...	...	3·36	...	...	...	...	...	20·13		...	...	...	...
Raipur	406	...	...	...	...	229·1	...	...	...	...	14·8	2·5	73·9	...	...	...	...	...	118·2	729·1	29·6	54·2	...	22·2	41·9
		...	...	...	...	2·46	...	...	...	...	2·46	...	...	...	...	...	...	...	...	12·32		...	...	...	...
Kamptee	588	...	3·4	...	...	340·1	1·7	...	1·7	5·1	22·1	3·4	13·6	...	...	...	...	...	56·1	585·0	20·4	18·7	...	23·8	13·6
		...	3·40	...	...	...	...	...	1 70	1·70	3·40	...	...	...	...	...	...	...	...	13·61		...	...	...	...
Sitabaldi	84	...	...	...	...	309·5	...	83·3	...	...	11·9	47·6	11·9	...	...	11·9	...	...	47·6	845·2	11·9	...	11·9	...	35·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
B.																									
Ellichpur	782	24·3	...	...	...	205·9	12·8	1·3	...	2·6	17·9	14·1	21·7	1·3	...	...	...	2·6	46·0	507·7	12·8	11·5	...	17·9	16·6
		2·56	...	...	...	1·28	2·56	...	...	1·28	10·23	...	1·28	...	...	...	...	...	...	19·18		...	...	...	...
Hingoli	1,161	...	...	...	...	136·1	9·5	15·5	2·6	...	7·8	12·1	6·0	1·7	...	...	1·7	5·2	25·8	443·6	18·9	5·2	...	14·6	6·0
		...	...	...	...	...	...	...	...	...	1·72	...	...	...	...	...	...	...	...	1·72		...	...	...	...
Jalna	690	...	...	...	...	198·6	56·5	...	1·4	...	2·9	2·9	5·8	...	...	1·4	...	...	11·6	360·9	10·1	1·4	...	4·3	5·8
		...	...	...	...	...	1·45	...	...	...	2·90	...	...	...	...	...	...	...	...	5·80		...	...	...	...
Aurangabad	1,229	...	...	...	...	214·8	14·6	...	1·6	·8	5·7	21·2	26·9	...	...	·8	1·6	...	31·7	528·9	18·7	8·1	2·4	11·4	9·8
		...	...	...	...	...	1·63	...	...	...	·81	·81	...	...	...	...	...	...	·81	7·32		...	...	.81	...
Malegaon	99	...	...	...	...	232·3	...	...	...	...	...	20·2	10·1	...	...	...	...	...	10·1	535·4	10·1	...	...	10·1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Ahmednagar	598	3·3	...	1·7	...	152·2	18·4	13·4	3·3	...	3·3	11·7	10·0	1·7	...	1·7	...	8·4	11·7	434·8	15·1	1·7	...	8·4	1·7
		1·67	...	...	...	...	1·67	...	...	...	...	...	...	...	...	...	...	...	...	13·38		...	...	...	...
Mominabad	411	...	...	...	...	430·7	7·3	2·4	2·4	...	9·7	4·9	21·9	2·4	2·4	4·9	...	43·8	9·7	832·1	26·8	...	4·9	...	4·9
		...	...	...	...	...	...	...	...	...	2·43	...	...	...	...	...	...	...	...	2·43		...	...	...	...
Bolarum	1,299	33·1	...	...	...	120·9	13·9	·8	·8	·8	22·3	26·9	21·6	6·9	...	·8	13·1	·8	12·3	422·6	13·9	3·1	...	3·1	6·2
		...	...	...	...	...	·77	...	...	...	6·93	...	...	...	...	...	...	...	...	10·01		...	...	...	...
Secunderabad	3,499	22·9	...	...	...	239·2	4·6	2·3	5·7	2·0	6·0	10·6	26·6	·3	...	1·4	·3	10·3	54·9	615·6	21·7	10·9	2·3	13.4	28·3
		·86	...	...	...	·86	·57	...	·57	·29	1·43	·57	...	...	...	...	...	·29	·29	7·43		...	...	·29	...
Raichur	723	...	...	...	...	20·7	2·8	...	1·4	...	...	6·9	6·9	...	...	...	...	12·4	6·9	120·3	8·3	4·1	...	...	2·8
		...	...	...	...	...	...	...	1·38	...	...	...	...	...	...	...	...	...	...	1·38		...	...	...	...
Belgam	1,313	...	...	...	...	41·9	6·1	6·1	3·8	·8	8·4	9·1	10·7	1·5	...	1·5	...	9·1	89·9	543·8	30·5	48·0	...	20·6	21·3
		...	...	...	...	...	·76	...	...	·76	2·28	...	...	...	...	...	...	·76	...	22·85		...	...	...	...
Satara	108	...	...	...	...	194·4	...	...	9·3	9·3	...	9·3	27·8	...	...	9·3	55·6	9·3	55·6	879·6	64·8	...	...	9·3	46·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·26		...	...	...	...
Poona	2,675	·4	...	·4	...	258·7	15·3	8·6	2·6	1·1	16·8	26·2	46·7	17·9	...	1·9	2·6	12·3	46·0	843·4	29·9	3·0	16·8	8·6	17·6
		...	...	...	...	...	·37	·75	...	...	2·99	·75	...	·37	...	...	...	...	...	10·47		...	...	...	...
Kirkee	1,147	16·6	...	...	...	358·3	·9	...	2·6	·9	7·8	30·5	40·1	7·0	...	·9	...	9·6	31·4	850·9	21·8	9·6	7·0	11·3	3·5
		...	...	...	...	...	...	...	·87	...	1·74	...	...	...	...	...	...	·87	...	6·97		...	...	...	...
Sirur	436	...	...	...	2·3	112·4	...	...	...	...	9·2	2·3	32·1	4·6	...	...	2·3	2·3	29·8	396·8	18·3	...	2·3	9·2	18·3
		...	...	...	...	2·29	...	...	...	...	2·29	...	2·29	...	...	...	...	2·29	...	13·76		...	...	...	...
Group IX.—Deccan.	19,410	9·5	·1	·1	·1	228·0	11·2	4·1	2·7	1·0	12·1	16·0	27·2	4·5	·1	1·2	2·0	7·9	42·7	618·3	22·3	11·4	3·8	11·4	15·9
		·31	·10	...	...	·31	·57	·10	·36	·21	2·88	·26	·10	·10	...	...	...	·21	·10	9·43		...	...	·10	...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS. For actuals see Table XXIX

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
		1. Admission-rate. 2. Death-rate.																							
Thana	84	...	...	...	...	214·3	...	...	...	...	...	59·9	381·0	71·4	...	...	...	...	35·7	1,011·9	23·8	...	23·8	11·9	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Bombay	1,232	1·6	...	...	·8	220·0	22·7	4·9	3·2	4·1	26·8	57·6	163·1	61·7	...	2·4	5·7	21·9	60·9	904·2	33·3	23·5	·8	19·5	17·0
		...	...	...	·81	·81	2·44	·81	...	...	4·87	...	3·25	...	...	...	...	...	...	14·61		...	...	...	...
Butcher's Island	3	...	...	...	...	333·3	...	...	...	...	...	...	...	...	...	...	...	...	...	333·3	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Cannanore	1,288	...	...	...	...	134·3	14·8	12·4	...	...	4·7	28·7	10·1	12·4	...	·8	...	24·1	72·2	799·7	35·7	17·1	3·1	22·5	29·5
		...	...	...	...	...	2·33	...	·78	...	2·33	...	...	·78	...	·78	...	...	...	8·54		...	...	...	...
Trichoor	88	...	...	...	...	79·5	11·4	...	...	...	...	...	22·7	...	...	...	...	11·4	45·5	488·6	22·7	11·4	...	...	34·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Quilon	542	...	...	...	...	73·8	...	3·7	1·8	9·2	5·5	11·1	14·8	...	...	...	...	1·8	27·7	359·8	14·8	...	3·7	5·5	18·5
		...	...	...	...	1·85	...	...	...	...	1·85	...	...	...	...	...	...	...	...	7·38		...	...	...	...
Trivandrum	70	...	...	...	...	28·6	...	...	...	14·3	14·3	...	14·3	...	...	...	...	...	71·4	385·7	14·3	57·1	...	14·3	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
GROUP X.—WESTERN COAST.	3,306	·6	...	...	·3	154·9	14·5	7·3	1·5	3·3	13·0	36·0	77·7	29·6	...	1·2	2·1	18·1	59·0	754·7	30·0	16·9	2·7	17·5	21·8
		...	...	...	·30	·60	1·81	·30	·30	...	3·02	...	1·21	·30	...	·30	...	...	...	9·98		...	...	...	...
A.																									
Bellary	1,248	...	...	...	...	555·3	16·0	...	2·4	2·4	13·6	16·8	12·8	·8	...	...	·8	6·4	38·5	900·6	40·1	11·2	1·6	6·4	19·2
		...	...	...	...	1·60	6·41	...	·80	·80	4·81	...	...	...	...	...	...	...	...	16·03		...	...	...	...
Bangalore	2,719	...	...	...	·4	175·4	1·1	5·1	6·6	·7	8·5	28·7	22·8	2·6	·4	5·1	...	41·9	34·6	615·7	34·9	5·9	·7	6·3	21·7
		...	...	...	...	·37	...	...	·37	·74	1·84	·74	·37	...	...	·37	...	·37	·74	6·62		...	...	·37	·37
B.																									
Madura	22	...	...	...	...	181·8	45·4	...	...	...	...	...	45·4	...	...	...	...	...	454·4	818·2	45·4	136·4	...	...	318·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Trichinopoly	1,335	...	9·7	...	...	124·3	·7	5·2	·7	1·5	3·7	11·2	18·0	5·2	·7	2·2	...	4·5	31·5	399·3	15·7	8·2	4·5	7·5	11·2
		...	5·24	...	...	...	...	...	...	...	...	...	·75	...	·75	...	...	...	...	8·99		...	...	...	...
Vellore	60	...	16·7	...	...	100·0	...	...	...	...	33·3	33·3	50·0	...	...	...	...	16·7	33·3	633·3	50·0	16·7	...	16·7	...
		...	16·67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16·67		...	...	...	...
Pallavaram	139	...	...	...	...	86·3	...	...	57·6	21·6	7·2	28·8	7·2	...	...	...	...	107·9	79·1	812·9	151·1	...	...	57·6	21·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7·19		...	...	...	...
St. Thomas' Mount.	712	...	...	...	...	28·1	1·4	47·8	1·4	1·4	1·4	18·3	14·0	1·4	...	1·4	...	59·0	68·8	471·9	26·7	7·0	15·4	21·1	25·3
		...	...	...	...	...	1·40	...	1·40	...	...	...	...	...	...	...	...	...	...	5·62		...	...	...	...
Madras	718	...	...	...	...	34·8	...	85·0	...	1·4	2·8	15·3	5·6	...	...	1·4	...	36·2	78·0	520·9	33·4	16·7	5·6	18·1	37·6
		...	...	...	...	...	...	...	...	...	...	1·39	...	...	...	...	...	...	...	1·39		...	...	...	...
C.																									
Vizianagram	699	...	...	4·3	...	107·3	1·4	4·3	1·4	4·3	2·9	5·7	11·4	1·4	1·4	...	...	7·2	57·2	502·1	25·8	14·3	...	34·3	8·6
		...	...	...	...	...	...	...	1·43	...	...	...	...	...	...	...	...	...	...	4·29		...	...	...	...
Berhampur	424	...	...	...	...	117·9	4·7	11·8	...	4·7	2·4	18·9	11·8	2·4	...	...	...	37·7	77·8	615·6	33·0	33·0	7·1	16·5	21·2
		...	...	...	...	...	...	...	...	...	2·36	...	...	...	...	...	...	...	...	2·36		...	...	...	...
GROUP XI.—SOUTHERN INDIA.	8,075	...	1·7	·4	·1	189·2	3.6	15·4	4·0	2·1	6·7	19·3	16·6	2·2	·4	2·4	·1	28·9	47·7	597·2	32·7	10·7	3·5	12·8	20·8
		...	·99	...	...	·37	1·11	...	·51	·37	1·49	·37	·25	...	·12	·12	...	·12	·25	7·55		...	...	·12	·12
Maymyo	619	...	1·6	...	...	306·9	1·6	...	3·2	8·1	12·9	51·7	21·0	9·7	...	3·2	...	22·6	158·3	901·5	51·7	17·8	30·7	87·2	22·6
		...	...	...	...	3·23	...	...	1·62	...	6·46	4·85	...	...	...	...	...	3·23	...	22·62		...	...	...	...
Bampon	71	...	...	...	...	1,366·2	...	...	...	...	...	28·2	14·1	...	...	...	...	14·1	14·1	1,704·2	42·3	...	...	...	14·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Toungyi	48	...	...	...	...	83·3	...	...	...	...	...	...	...	20·8	...	...	...	...	...	187·5	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Kohima	535	...	...	...	...	325·2	7·5	3·7	1·9	13·1	29·9	35·5	33·6	5·6	...	1·9	...	28·0	56·1	846·7	37·4	9·3	15·0	13·1	18·7
		...	...	...	...	1·87	1·87	...	1·87	7·48	3·74	...	1·87	...	...	...	...	1·87	1·87	26·17		1·87	...	...	...
Shillong	724	...	...	1·4	...	292·8	...	...	2·8	11·0	2·8	45·6	140·9	8·3	...	2·8	...	9·7	42·8	799·7	41·4	8·3	...	11·0	23·5
		...	...	...	...	2·76	1·38	...	...	1·38	1·38	...	1·38	...	1·38	...	...	...	...	9·67		...	...	...	...
Gantak	187	...	...	...	...	69·5	...	...	...	...	5·3	...	5·3	...	...	...	...	10·7	...	160·4	10·7	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Darjeeling	111	...	...	...	...	180·2	...	...	...	...	9·0	63·1	9·0	...	...	...	...	...	36·0	738·7	36·0	9·0	18·0	9·0	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...
Almora	591	...	...	1·7	...	91·4	47·4	...	...	8·5	16·9	6·8	18·6	...	...	8·5	...	1·7	106·6	514·4	40·6	15·2	20·3	45·7	25·4
		...	...	...	...	...	6·77	...	...	3·38	3·38	1·69	...	...	...	...	...	...	...	15·23		...	...	...	...
Ranikhet	44	...	...	...	...	45·5	...	...	...	...	...	22·7	...	...	...	...	...	...	...	136·4	22·7	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...

Stations and Groups.	Average annual strength.						1. Admission-rate.									2. Death-rate.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Naini Tal	124	... ...	... ...	... ...	... ...	48·4 ...	32·3 8·06	8·1 ...	... ...	... ...	... ...	16·1 ...	16·1 ...	... ...	... ...	... ...	... ...	... ...	40·3 ...	540·3 8·06	32·3	... ...	... ...	8·1 ...	32·3 ...
Lansdowne	992	... ...	... ...	... ...	... ...	62·5 ...	23·2 1·01	1·0 ...	... ...	5·0 5·04	12·1 1·01	2·0 ...	2·0 ...	1·0 1·01	... ...	1·0 ...	... ...	7·1 ...	58·5 ...	283·3 9·07	26·2	21·2 ...	... ...	25·2 ...	12·1 ...
Simla	124	... ...	... ...	... ...	... ...	193·5 ...	... ...	... ...	... ...	... ...	... ...	32·3 ...	64·5 ...	8·1 ...	8·1 8·06	... ...	... ...	8·1 ...	... ...	782·3 8·06	16·1	... ...	... ...	... ...	... ...
Jutogh	65	... ...	... ...	... ...	... ...	107·7 ...	61·5 15·38	... ...	... ...	... ...	... ...	76·9 ...	46·2 ...	... ...	... ...	... ...	... ...	61·5 ...	153·8 ...	1384·6 15·38	61·5	46·2 ...	... ...	92·3 ...	15·4 ...
Dharmsala	925	57·3 ...	... ...	... ...	... ...	158·9 1·08	19·5 ...	... ...	... ...	28·1 7·57	37·8 5·41	17·3 ...	7·6 ...	... ...	... ...	2·2 ...	... ...	2·2 ...	93·0 ...	607·6 15·14	34·6	17·3 ...	9·7 ...	31·4 ...	34·6 ...
Bakloh	1,484	58·1 1·35	... ...	... ...	... ...	117·9 ...	72·8 3·37	... ...	·7 ...	22·9 5·39	37·1 2·02	24·3 ...	20·2 ·67	2·0 ...	... ...	2·0 ...	4·7 ...	18·2 ...	56·6 ·67	710·9 16·17	35·7	6·7 ...	6·7 ...	20·2 ·67	22·9 ...
Murree	37	... ...	... ...	... ...	... ...	216·2 ...	81·1 27·03	... ...	... ...	... ...	... ...	... ...	54·1 ...	... ...	... ...	... ...	... ...	... ...	27·0 ...	594·6 27·03	27·0	... ...	... ...	... ...	27·0 ...
Khyragully	63	... ...	... ...	... ...	... ...	47·6 ...	142·9 ...	... ...	... ...	... ...	15·9 ...	47·6 ...	15·9 ...	... ...	... ...	... ...	... ...	... ...	63·5 ...	714·3 ...	47·6	15·9 ...	... ...	... ...	47·6 ...
Baragully	53	... ...	... ...	... ...	... ...	113·2 ...	... ...	... ...	18·9 ...	... ...	18·9 18·87	... ...	... ...	... ...	... ...	... ...	... ...	... ...	18·9 ...	283·0 18·87	18·9	... ...	... ...	18·9 ...	... ...
Kalabagh	60	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	16·7 ...	... ...	... ...	16·7 ...	... ...	... ...	... ...	... ...	16·7 ...	16·7 ...	466·7 ...	16·7	16·7 ...	... ...	... ...	... ...
Gilgit	202	... ...	5·0 4·95	... ...	... ...	74·3 ...	9·9 ...	... ...	... ...	... ...	... ...	14·9 ...	5·0 ...	5·0 ...	... ...	... ...	... ...	... ...	24·8 ...	193·1 4·95	14·9	... ...	... ...	14·9 ...	9·9 ...
Chitral	275	... ...	... ...	... ...	... ...	130·9 3·64	80·0 ...	... ...	3·6 ...	... ...	3·6 3·64	32·7 3·64	25·5 ...	10·9 ...	... ...	... ...	3·6 ...	21·8 ...	7·3 ...	509·1 29·09	14·5	... ...	... ...	... ...	7·3 ...
Kila Drosh	1,332	... ...	... ...	... ...	2·3 ...	95·3 ...	48·8 ...	3·8 ...	1·5 ·75	2·3 1·50	30·0 6·76	27·8 ·75	38·3 ...	3·8 ...	... ...	·8 ...	15·0 ·75	12·0 ...	15·0 ...	486·5 14·26	20·3	... ...	1·5 ...	12·0 ...	1·5 ...
Abbottabad	1,285	... ...	... ...	... ...	... ...	87·2 ·78	27·2 1·56	·8 ...	... ...	14·8 6·23	16·3 ·78	66·1 ...	21·0 ...	1·6 ...	... ...	·8 ...	2·3 ...	9·3 ...	96·5 ...	738·5 10·12	59·1	9·3 ...	25·7 ...	20·2 ...	41·2 ...
Cherat	64	... ...	... ...	... ...	... ...	62·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	31·2 ...	15·6 ...	... ...	... ...	... ...	... ...	... ...	234·4 ...	...	... ...	... ...	... ...	... ...
Miran Shah	676	... ...	... ...	... ...	... ...	961·5 2·96	3·0 ...	... ...	... ...	4·4 1·48	37·0 16·27	25·1 ...	41·4 ...	14·8 ...	... ...	1·5 ...	... ...	... ...	17·8 ...	1,284·0 23·67	42·9	3·0 ...	1·5 ...	11·8 ...	1·5 ...
Boya	203	... ...	... ...	... ...	... ...	1,270·9 ...	... ...	... ...	... ...	... ...	19·7 9·85	49·3 ...	93·6 ...	9·9 ...	... ...	... ...	... ...	4·9 ...	14·8 ...	1,743·8 9·85	39·4	4·9 ...	... ...	9·9 ...	... ...
Datta Khel	850	... ...	... ...	... ...	1·2 1·18	1,103·5 ...	48·2 3·53	1·2 1·18	2·4 ...	1·2 1·18	21·2 8·24	72·9 1·18	101·2 ...	24·7 ...	... ...	1·2 ...	... ...	18·8 ...	3·5 ...	1,727·1 16·47	32·9	... ...	... ...	1·2 ...	2·4 ...
Haidari Kach	22	... ...	... ...	... ...	... ...	1,818·2 ...	... ...	... ...	... ...	... ...	... ...	... ...	318·2 ...	... ...	... ...	... ...	... ...	90·9 ...	... ...	2,590·9 ...	45·5	... ...	... ...	... ...	... ...
Sarwekai	224	17·9 ...	... ...	... ...	... ...	491·1 ...	... ...	... ...	... ...	... ...	8·9 4·46	31·3 ...	142·9 ...	4·5 ...	... ...	... ...	... ...	13·4 ...	... ...	1,169·6 4·46	31·3	... ...	... ...	... ...	... ...
Wana	732	289·6 ...	... ...	... ...	... ...	1,330·6 5·46	15·0 2·73	... ...	2·7 ...	1·4 ...	17·8 9·56	58·7 ...	114·8 ...	10·9 ...	... ...	... ...	5·5 ...	23·2 ...	23·2 ...	2,426·2 20·49	117·5	4·1 ...	... ...	4·1 ...	15·0 ...
Mir Ali Khel	131	... ...	... ...	... ...	... ...	1,351·1 7·63	... ...	7·6 ...	15·3 ...	... ...	38·2 15·27	76·3 ...	145·0 ...	15·3 ...	... ...	... ...	7·6 ...	7·6 ...	... ...	2,015·3 38·17	30·5	... ...	... ...	... ...	... ...
Fort Sandeman	887	... ...	... ...	... ...	... ...	230·0 ...	13·5 1·13	... ...	3·4 1·13	4·5 1·13	77·8 34·95	63·1 ...	57·5 2·25	15·8 3·38	... ...	11·3 ...	11·3 ...	5·6 ...	20·3 ...	906·4 47·35	44·0	... ...	... ...	4·5 ...	15·8 ...
Musa Khel	14	... ...	... ...	... ...	... ...	928·6 ...	214·3 ...	... ...	... ...	... ...	... ...	142·9 ...	285·7 ...	... ...	... ...	... ...	... ...	71·4 ...	... ...	2,000·0 ...	71·4	... ...	... ...	... ...	... ...
Khan Mohamed Kot.	106	... ...	... ...	... ...	... ...	1358·5 ...	9·4 ...	... ...	... ...	... ...	37·7 9·43	47·2 ...	132·1 ...	66·0 ...	... ...	... ...	9·4 ...	47·2 ...	9·4 ...	2 377·4 9·43	56·6	... ...	... ...	9·4 ...	... ...
Murgha	81	... ...	... ...	... ...	... ...	271·6 ...	... ...	... ...	... ...	... ...	... ...	98·8 ...	160·5 ...	24·7 12·35	... ...	... ...	... ...	12·3 ...	... ...	888·9 12·35	37·0	... ...	... ...	... ...	... ...

TABLE XXVIII—*continued.*

RATIOS of STATIONS, GROUPS, and COMMANDS.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.							1. ADMISSION-RATE.							2. DEATH-RATE.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Loralai	961	... ...	... ...	... ...	... ...	226·8 ...	15·6 ...	... ...	2·1 1·04	1·0 ...	36·4 13·53	34·3 1·04	110·3 ...	25·0 ...	... ...	6·2 ...	4·2 ...	27·1 ...	26·0 ...	823·1 16·65	27·1	3·1 ...	1·0 ...	6·2 ...	15·6 ...
Gumbaz	87	... ...	... ...	... ...	... ...	103·4 ...	... ...	... ...	... ...	... ...	23·0 11·49	57·5 ...	34·5 ...	11·5 ...	... ...	... ...	... ...	... ...	... ...	459·8 11·49	23·0	... ...	... ...	... ...	... ...
Quetta	1,948	... ...	... ...	... ...	·5 ·51	190·5 ·51	3·1 ...	1·0 ...	·5 ...	3·1 1·03	40·6 5·65	34·9 1·54	29·8 ...	4·1 ...	... ...	2·6 ...	3·1 ...	34·9 ·51	45·7 ·51	723·8 10·78	35·9	9·2 ...	6·7 ...	7·2 ·51	22·6 ...
Peshin	390	... ...	... ...	... ...	... ...	210·3 ...	5·1 2·56	5·1 ...	7·7 ...	2·6 ...	33·3 12·82	56·4 ...	74·4 ...	12·8 ...	... ...	7·7 ...	10·3 ...	17·9 ...	33·3 ...	959·0 15·38	33·3	5·1 ...	2·6 ...	17·9 ...	7·7 ...
Shelabagh	149	... ...	... ...	... ...	... ...	134·2 ...	6·7 6·71	... ...	26·8 6·71	... ...	13·4 ...	53·7 ...	53·7 ...	33·6 ...	... ...	6·7 ...	... ...	... ...	26·8 ...	1033·6 13·42	26·8	... ...	... ...	13·4 ...	13·4 ...
Spinwana	54	... ...	... ...	... ...	... ...	351·9 ...	... ...	... ...	... ...	... ...	37·0 ...	111·1 ...	... ...	... ...	... ...	... ...	... ...	18·5 ...	... ...	740·7 ...	18·5	... ...	... ...	... ...	... ...
Chaman	656	... ...	... ...	... ...	... ...	245·4 3·05	... ...	... ...	3·0 ...	1·5 ...	6·1 ...	140·2 1·52	16·8 ...	13·7 ...	... ...	... ...	47·3 ...	16·8 ...	79·3 ...	1349·1 4·57	48·8	3·0 ...	6·1 ...	13·7 ...	56·4 ...
Mount Abu	83	... ...	... ...	... ...	... ...	36·1 ...	... ...	... ...	... ...	... ...	48·2 12.05	12·0 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	180·7 12·05	...	... ...	... ...	... ...	... ...
Ootacamund	73	... ...	... ...	... ...	... ...	54·8 ...	... ...	... ...	... ...	... ...	27·4 13·70	41·1 ...	... ...	... ...	... ...	13·7 ...	... ...	... ...	... ...	287·7 13·70	13·7	... ...	... ...	... ...	... ...
GROUP XII.—HILL STATIONS.	18,339	20·2 ·11	·1 ·05	·1 ...	·3 ·11	322·5 ·98	22·9 1·36	·9 ·05	1·7 ·33	7·1 2·29	26·6 6·76	41·3 ·65	47·1 ·27	8·3 ·27	·1 ·11	2·5 ...	5·0 ·05	15·3 ·22	47·2 ·16	879·5 15·54	38·9	6·9 ·05	6·3 ...	15·9 ·11	18·1 ...
Marching in Bengal.	2,310	·4 ...	23·4 13·42	·4 ...	... ...	113·0 ·87	13·9 ·43	... ...	... ·43	1·7 ...	19·0 2·60	20·8 ...	65·8 2·16	8·2 ·87	... ...	·9 ·43	1·7 ...	3·9 ...	20·3 ...	477·5 22·94	11·3	3·9 ...	3·9 ...	5·6 ...	6·9 ...
Marching in Punjab.	3,256	11·4 ...	2·5 1·23	·3 ...	... ...	117·0 ...	10·4 ...	·3 ...	·3 ...	... ...	16·9 1·54	15·7 ...	18·7 ·31	7·7 ...	·3 ...	·3 ...	·9 ...	10·1 ...	11·1 ...	368·2 4·30	6·8	1·5 ...	1·2 ...	5·5 ...	2·8 ...
Marching in Madras.	1,924	... ...	1·0 2·08	·5 ...	... ...	102·4 ·52	3·6 ...	·5 ...	1·0 1·04	... ...	2·6 1·04	9·9 ...	23·9 ·52	9·9 ...	... ...	... ...	... ...	4·7 ...	13·5 ...	246·4 6·76	4·7	4·7 ...	·5 ...	3·1 ...	5·2 ...
Marching in Bombay.	1,818	... ...	... ...	... ...	... ...	66·6 ...	3·3 1·10	... ...	·6 ...	·6 ·55	6·1 2·20	5·5 ...	14·9 ...	2·8 ·55	... ...	·6 ...	... ...	2·2 ...	11·6 ...	208·5 8·25	5·5	2·2 ...	... ...	1·1 ...	8·3 ...
Hyderabad Contingent marching.	262	... ...	... ...	... ...	... ...	30·5 ...	3·8 ...	... ...	... ...	... ...	... ...	... ...	11·5 ...	... ...	... ...	... ...	... ...	... ...	11·5 ...	118·3 ...	3·8	... ...	... ...	3·8 ...	7·6 ...
Mishmi Field Force	61	... ...	... ...	... ...	... ...	295·1 ...	49·2 16·39	... ...	... ...	... ...	... 16·39	32·8 ...	82·0 ...	... ...	... ...	... ...	... ...	... ...	82·0 ...	754·1 32·79	16·4	... ...	... ...	65·6 ...	16·4 ...
Malakand Force.	3,219	... ...	... ...	... ...	... ...	193·2 2·49	18·3 1·55	·3 ...	·9 ...	2·5 ·62	20·5 8·08	35·1 ·31	50·0 ·31	9·3 ...	... ...	·3 ...	3·4 ...	16·8 ·31	9·6 ...	547·4 14·60	21·1	·9 ...	·3 ...	3·4 ...	5·0 ...
Khyber Force	1,980	309·6 ...	... ...	... ...	... ...	167·2 ...	4·0 ...	... ...	1·0 ...	1·5 ...	9·1 3·03	21·7 ...	30·8 ...	3·0 ...	... ...	... ...	6·1 ...	2·0 ...	14·1 ...	740·4 4·55	15·7	3·5 ...	... ...	6·6 ...	4·0 ...
Kohat-Kurram Force.	1,981	4·0 ...	·5 ·50	... ...	... ...	410·9 ·50	20·7 3·03	2·0 ...	·5 ...	·5 ·50	15·1 2·52	27·3 ...	66·1 ·50	16·2 ...	... ...	1·0 ...	2·5 ...	6·6 1·51	10·1 ...	813·7 10·10	25·2	·5 ...	2·0 ...	2·0 ...	5·6 ...
Indian Marine Ship *Lawrence.*	7	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	285·7 ...	142·9 ...	... ...	... ...	... ...	... ...	142·9 ...	857·1 ...	...	142·9 ...	... ...	... ...	... ...
Chabbar	54	... ...	18·5 ...	... ...	... ...	2351·9 18·52	37·0 ...	... ...	18·5 ...	... ...	37·0 ...	18·5 ...	203·7 ...	55·6 ...	... ...	... ...	74·1 ...	37·0 ...	18·5 ...	3537·0 18·52	92·6	... ...	... ...	... ...	18·5 ...
Jask	39	25·6 ...	... ...	... ...	... ...	948·7 ...	102·6 ...	... ...	... ...	... ...	... ...	... ...	76·9 ...	... ...	... ...	25·6 ...	... ...	... ...	... ...	1974·4 ...	51·3	... ...	... ...	... ...	... ...
Muscat	21	... ...	... ...	... ...	... ...	1142·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	47·6 ...	... ...	... ...	... ...	... ...	... ...	... ...	2000·0 ...	47·6	... ...	... ...	... ...	... ...
Bushire	57	... ...	... ...	... ...	... ...	35·1 ...	... ...	... ...	... ...	... ...	17·5 17·54	... ...	35·1 ...	... ...	... ...	... ...	... ...	... ...	17·5 ...	175·4 17·54	...	17·5 ...	... ...	... ...	... ...
Bagdad	26	... ...	... ...	... ...	... ...	38·5 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	76·9 ...	192·3 ...	...	... ...	... ...	... ...	76·9 ...
Aden	625	... ...	... ...	... ...	... ...	305·6 1·60	11·2 ...	24·0 ...	3·2 ...	6·4 ...	... ...	38·4 ...	46·4 ...	1·6 ...	... ...	3·2 ...	30·4 1·60	19·2 ...	59·2 ...	801·6 3·20	32·0	4·8 ...	14·4 ...	24·0 ...	16·0 ...

1. ADMISSION-RATE. 2. DEATH-RATE.

STATIONS AND COMMANDS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.
Khormaksar	84	... ...	... ...	... ...	... ...	250·0 ...	11·9 ...	107·1 ...	... ...	... ...	... ...	71·4 ...	107·1 ...	... ...	... ...	... ...	11·9 ...	11·9 ...	... ...	821·4 ...	11·9	... ...	... ...	... ...	... ...
Sheikh Othman	31	... ...	... ...	... ...	... ...	774·2 ...	32·3 ...	161·3 ...	... ...	... ...	... ...	32·3 ...	32·3 ...	... ...	... ...	... ...	... ...	... ...	64·5 ...	1,225·8 ...	32·3	64·5 ...	... ...	... ...	... ...
Perim	31	... ...	... ...	... ...	... ...	96·8 ...	... ...	129·0 ...	... ...	... ...	... ...	... ...	64·5 ...	64·5 ...	... ...	... ...	... ...	... ...	... ...	677·4 32·26	32·3	... ...	...	... ...	... ...
Zaila	56	... ...	... ...	... ...	... ...	214·3 ...	... ...	... ...	... ...	... ...	... ...	89·3 ...	17·9 ...	... ...	... ...	... ...	... ...	... ...	17·9 ...	589·3 ...	17·9	... ...	17·9 ...	... ...	... ...
Bulhar	20	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	150·0 ...	... ...	... ...	... ...	... ...	50·0 ...	... ...	50·0 ...	300·0 ...	...	... ...	... ...	... ...	50·0 ...
Berbera	68	... ...	... ...	... ...	... ...	632·4 ...	... ...	... ...	... ...	... ...	... ...	... ...	44·1 ...	... ...	... ...	... ...	14·7 ...	... ...	... ...	779·4 ...	14·7	... ...	... ...	... ...	... ...
Mauritius	780	17·9 1·28	... ...	... ...	... ...	1,591·0 1·28	... ...	... ...	... ...	1·3 ...	6·4 1·28	12·8 ...	307·7 2·56	... ...	... ...	... ...	... ...	1·3 ...	29·5 ...	2,271·8 7·69	76·9	2·6 ...	... ...	19·2 ...	7·7 ...
Mombasa Field Force.	*176	... ...	... ...	... ...	... ...	323·9 ...	85·2 17·05	... ...	... ...	... ...	22·7 ...	39·8 11·36	79·5 ...	... ...	... ...	5·7 ...	5·7 ...	17·0 ...	34·1 ...	977·3 34·09	56·8	... ...	... ...	5·7 ...	28·4 ...
INDIA	128,529	12·3 ·10	1·0 ·53	·4 ·02	·1 ·02	260·2 ·68	17·0 1·17	4·0 ·04	1·5 ·24	3·3 ·68	16·6 3·86	27·0 ·37	38·0 ·35	7·1 ·12	·1 ·04	1·2 ·05	2·4 ·05	12·9 ·17	34·1 ·09	704·8 10·70	27·7	7·5 ·01	3·7 ·01	9·9 ·05	12·9 ·02
BENGAL	26,820	2·5 ·07	2·1 1·19	·4 ...	·1 ...	307·5 1·01	15·4 ·89	3·1 ...	·7 ·22	4·1 ·89	13·9 2·39	22·4 ·26	37·2 ·67	5·9 ·22	... ·11	1·2 ·15	1·0 ...	11·9 ·19	38·7 ·07	715·7 10·03	29·2	10·0 ·04	5·2 ...	10·8 ...	12·8 ·04
PUNJAB	44,224	29·9 ·07	1·1 ·50	·6 ·02	·2 ·02	256·6 ·63	28·3 1·67	1·2 ·05	·8 ·11	4·4 ·93	23·5 5·83	31·5 ·34	39·5 ·20	6·6 ...	... ·02	·6 ...	2·5 ·05	12·3 ·14	21·5 ·05	730·9 12·48	27·4	3·9 ...	2·2 ·02	7·0 ·02	8·5 ...
MADRAS	23,255	3·9 ·17	·7 ·52	·2 ...	... ...	239·6 ·90	6·3 ·82	8·5 ...	3·6 ·52	2·2 ·30	5·6 1·46	23·0 ·39	25·2 ·17	5·0 ·13	·2 ·04	1·6 ·09	·1 ...	18·9 ·30	51·9 ·17	672·3 9·03	29·8	12·3 ...	4·5 ...	15·5 ·13	19·7 ·04
BOMBAY	26,657	1·1 ·04	·2 ·08	·2 ·04	·1 ·08	220·7 ·34	9·5 ·90	5·7 ·11	1·8 ·26	2·6 ·53	19·4 4·31	30·8 ·49	44·5 ·41	12·7 ·26	... ...	2·1 ...	5·4 ·15	11·9 ·15	37·7 ·11	698·8 10·69	26·3	7·9 ...	5·1 ...	8·9 ·08	15·9 ·04
HYDERABAD CONTINGENT.	6,556	9·5 ·31	... ...	... ...	... ...	164·3 ·15	15·6 ·92	3·2 ...	1·4 ·15	·6 ·15	9·9 3·51	14·5 ·15	16·2 ·15	2·0 ...	·2 ...	·8 ...	3·2 ...	5·5 ...	21·5 ·15	430·1 6·86	14·9	5·0 ...	·8 ...	8·1 ·15	7·6 ...

* As far as returns have been received.

TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																			Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.							
Port Blair	305	...	...	...	...	96	1	...	...	...	...	...	20	1	...	...	...	4	15	223	7	1	...	10	4	...	...
		...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	2		...	...	...	...	...	...
Rangoon	1,084	...	...	...	...	268	22	29	15	4	7	22	98	...	...	...	...	21	84	1,009	43	23	17	19	25	1	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands.	1,389	...	...	...	...	364	23	29	15	4	7	22	118	1	...	...	...	25	99	1,232	50	24	17	29	29	1	...
		...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	...	10		...	...	...	...	...	...
Thayetmyo	132	...	...	...	...	9	...	10	...	...	1	12	1	2	...	...	...	3	22	137	4	7	...	11	4	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Loikaw	86	...	...	...	...	145	3	...	...	...	...	9	5	1	1	...	...	1	...	200	4	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Keng Tung	454	...	...	...	...	694	9	...	1	...	2	23	13	4	...	...	...	5	6	1,010	38	...	...	6	...	...	2
		...	...	...	...	6	1	...	1	...	1	...	...	...	...	...	...	...	...	14		...	...	...	...	...	...
Fort Stedman	422	1	...	...	...	404	11	...	...	...	2	35	18	12	...	2	...	15	21	816	33	4	...	10	7	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6		...	...	...	...	...	...
Thamakan	24	...	...	...	...	11	...	...	...	...	...	1	2	...	...	...	...	1	...	18	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Meiktila	673	10	...	...	...	52	6	...	1	1	...	17	6	1	...	1	...	9	24	203	11	4	2	6	12	2	...
		1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	4		...	...	...	...	...	...
Fort Dufferin	1,674	...	...	1	...	423	14	...	1	6	3	76	28	5	...	...	...	25	79	1,129	48	10	23	19	27	...	1
		...	...	...	...	2	2	...	...	2	...	1	...	...	...	...	...	1	1	11		...	...	1	...	...	...
Thabeitkyin	9	...	...	...	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...	5	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Bhamo	772	...	...	...	...	332	...	...	4	4	4	37	68	28	...	4	...	16	18	713	24	2	...	9	7	...	1
		...	...	...	...	2	...	...	1	...	1	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...
Myingyan	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	4	...	...	...	1	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Group II.—Burma Inland	4,257	11	...	1	...	2,073	43	10	7	11	12	210	142	53	1	7	...	76	172	4,235	162	27	25	62	58	2	4
		1	...	...	...	10	3	...	2	2	3	1	...	2	...	...	...	2	1	40		...	...	1	...	...	...
Manipur	720	8	...	...	...	208	23	2	1	2	9	24	102	12	...	4	1	32	52	843	42	12	7	6	27	...	1
		...	...	...	...	1	1	...	...	...	...	...	1	...	...	1	...	1	...	7		...	...	...	...	...	...
Sadiya	76	...	...	...	...	67	6	...	...	...	1	1	4	...	...	...	...	1	2	104	2	...	...	...	2	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Dibrugarh	252	...	...	...	...	93	1	...	1	8	1	9	11	...	...	...	2	1	6	170	7	1	...	4	1	8	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Silchar	441	35	...	...	...	67	...	...	...	...	2	48	22	...	...	...	5	22	8	319	13	3	...	4	1	25	...
		2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Group III.—Assam	1,490	43	...	...	...	435	30	2	2	10	13	82	139	12	...	4	8	56	68	1,436	64	16	7	14	31	34	1
		2	...	...	...	1	1	...	...	...	...	...	1	...	...	1	...	1	...	10		...	...	...	...	...	...
Fort William	630	...	...	...	...	873	1	...	...	...	2	12	67	11	...	...	...	17	17	1,124	31	8	...	6	3	...	...
		...	...	...	...	4	1	...	...	...	...	2	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Alipore	730	...	...	...	...	1,534	4	1	...	3	1	10	38	8	...	...	...	23	31	1,806	43	8	...	6	17	1	...
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	2		...	...	...	...	...	...
Ballygunge	34	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	1	...	16	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Dum-Dum	132	...	...	...	...	51	...	...	...	...	...	...	4	1	...	...	...	...	...	60	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Barrackpore	634	...	...	...	...	467	4	...	2	1	6	30	31	10	...	1	1	6	35	786	21	6	15	6	8	...	1
		...	...	...	...	2	...	...	1	...	3	...	3	...	...	...	...	...	...	11		...	...	...	...	...	...
Buxa	301	...	...	...	...	159	26	...	...	...	...	8	15	5	...	...	...	28	4	378	17	1	2	1	...	...	1
		...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Cuttack	406	...	...	2	...	5	...	...	...	...	...	8	3	...	...	1	...	3	34	75	6	16	...	5	13	...	...
		...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	6		...	...	...	1	...	...
GROUP IV.—BENGAL AND ORISSA.	2,867	...	...	2	...	3,090	35	1	2	4	9	69	159	35	...	2	1	78	121	4,245	121	39	17	24	41	1	2
		...	...	...	...	7	3	...	1	...	3	2	5	...	1	...	...	1	1	28		...	...	...	1	...	...
A																											
Doranda	457	...	...	...	...	46	1	...	...	1	6	16	6	...	...	...	...	8	6	165	7	1	1	1	3	...	...
		...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...
B																											
Dinapore	550	...	...	3	...	117	...	...	...	...	...	17	17	8	...	...	...	1	26	317	19	2	3	11	10	4	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Benares	754	...	...	...	...	173	...	2	...	2	3	8	28	5	...	2	1	3	18	492	17	6	...	9	3	12	2
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Allahabad	1,144	...	...	...	...	165	7	5	3	4	16	14	46	8	1	...	...	6	20	550	26	6	6	5	3	1	...
		...	...	...	...	1	1	...	...	1	2	...	...	...	1	...	...	...	...	16		...	...	...	...	...	...
Fyzabad	853	1	...	...	...	92	47	...	...	5	10	24	21	5	...	2	1	12	34	463	23	12	1	7	14	18	...
		...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Lucknow	1,233	...	...	...	...	220	12	...	...	7	29	23	35	8	...	...	1	8	30	751	39	7	1	13	9	3	...
		...	...	...	...	4	...	...	...	...	2	...	...	2	...	...	...	...	...	9		...	...	...	...	...	...
Cawnpore	1,089	...	...	...	...	145	38	50	...	3	12	9	35	...	...	1	...	17	42	572	29	10	6	16	10	16	...
		...	...	...	...	...	2	...	...	...	5	1	...	...	...	...	...	1	...	13		...	...	...	...	...	...
Fatehgarh	87	...	...	...	...	24	...	...	...	...	1	5	1	...	...	...	...	...	1	49	2	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,166	1	...	3	...	982	105	57	3	22	77	116	189	34	1	5	3	55	177	3,359	162	45	18	62	52	54	2
		...	...	...	...	5	4	...	...	2	13	3	...	2	1	...	...	1	...	48		...	...	...	...	...	...
A																											
Bareilly	1,035	1	...	2	...	191	45	...	...	11	5	9	12	2	...	...	1	1	35	615	44	16	1	8	10	7	...
		...	...	...	...	6	4	...	...	...	...	...	3	...	...	...	...	...	...	14		...	...	...	...	...	...
Roorkee	519	...	...	...	...	36	...	...	...	3	6	9	12	...	...	...	1	7	10	180	7	1	...	1	8	...	...
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Dehra Dun	1,316	2	1	...	3	326	5	10	1	23	10	56	10	10	...	2	4	9	91	996	57	27	18	21	25	2	...
		...	1	...	...	2	...	...	...	7	2	...	1	1	...	1	...	1	...	20		...	...	...	...	...	...
Meerut	1,030	...	...	...	...	157	12	...	1	4	25	34	31	3	...	1	...	9	44	649	22	6	12	19	7	35	...
		...	...	...	...	1	...	...	1	2	10	...	...	...	...	...	...	...	...	15		...	...	...	...	...	...
Delhi	742	...	...	...	...	307	12	...	...	1	15	20	23	6	...	...	...	21	21	617	18	15	...	2	4	5	...
		...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Umballa	1,111	...	...	...	...	54	30	...	2	7	7	14	19	1	...	...	3	15	21	507	23	10	...	6	5	5	...
		...	...	...	...	...	1	...	1	...	1	...	2	...	...	...	...	...	...	8		...	...	...	...	...	...
B.																											
Ludhiana	30	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	1	1	15	1	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jullundur	805	...	...	...	...	82	4	1	...	10	11	16	17	2	...	...	...	6	31	352	17	4	2	11	14	...	...
		...	...	...	...	...	2	...	...	1	4	1	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Ferozepore	1,704	...	...	...	...	550	22	...	...	4	11	19	30	7	...	...	2	13	29	1,034	34	8	4	7	10	10	...
		...	...	...	...	...	4	...	...	...	3	1	1	...	...	...	...	1	...	10		...	...	...	...	...	...
Meean Meer	1,800	8	37	...	...	296	27	...	2	1	65	36	94	8	...	3	4	44	70	1,241	41	10	4	29	27	...	1
		1	15	...	...	...	...	...	2	...	8	1	...	...	...	...	...	...	...	29		...	...	...	...	...	...
Amritsar	133	...	...	...	...	12	1	1	...	...	3	7	5	...	...	...	...	1	3	69	2	2	...	1	...	...	...
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...

NATIVE TROOPS, 1899.

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

Stations and Groups.	Average annual strength.	1. Admissions. 2. Deaths.																								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.
Sialkot	1,773	...	1	...	...	201	46	1	...	6	32	19	20	7	...	...	...	17	39	788	40	17	5	2	15	5
		...	1	...	...	1	2	...	...	1	7	...	...	...	...	...	...	...	...	13		...	...	...	...	...
Jhelum	1,598	...	...	...	...	67	33	...	...	8	26	15	29	7	...	...	1	4	46	495	24	8	6	22	10	3
		...	...	...	...	...	3	...	...	2	6	...	...	...	...	...	...	...	...	15		...	...	...	...	...
Rawalpindi	1,864	...	...	1	2	224	115	...	1	7	17	40	37	5	...	2	2	12	52	1,011	49	9	1	17	25	11
		...	...	...	...	3	5	...	...	...	5	1	...	...	...	...	...	...	...	15		...	...	...	...	...
Attock	94	...	...	...	...	11	2	...	...	...	2	2	4	1	...	...	1	...	1	45	2	...	...	1	...	1
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	15,555	11	39	3	5	2,523	354	13	7	85	235	296	343	59	...	8	19	160	494	8,614	379	134	53	147	160	84
		1	17	...	...	13	22	...	4	14	51	4	7	1	...	1	...	2	...	154		...	...	...	...	...
A.																										
Mardan	1,063	1	...	...	...	109	14	...	...	10	42	80	35	2	...	...	1	6	16	474	22	1	...	7	8	1
		...	...	...	...	...	2	...	...	...	14	...	1	...	...	...	...	...	...	19		...	...	...	...	...
Nowshera	1,130	1	...	1	...	34	48	...	1	3	8	6	5	1	...	1	1	6	13	257	18	4	...	1	8	...
		...	...	...	...	3	...	...	...	2	...	...	...	...	...	...	...	...	...	8		...	...	...	...	...
Peshawar	2,857	284	...	15	...	1,041	188	...	3	7	130	150	129	22	...	2	1	27	31	2,920	94	10	...	9	12	...
		...	...	1	...	...	8	...	...	1	39	...	...	...	...	...	...	...	...	53		...	...	...	...	...
Fort Jamrud	148	...	...	1	...	27	3	...	...	...	4	6	12	2	...	...	...	2	1	73	2	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	3		...	...	...	...	...
Kohat	2,704	...	...	3	...	992	79	34	3	4	108	142	146	35	...	3	18	57	24	2,840	100	5	2	5	12	16
		...	...	...	...	1	6	1	1	...	25	2	...	...	...	...	1	...	1	46		...	1	...	...	...
Usterzai	27	...	...	...	...	16	...	...	...	...	...	...	7	1	...	...	...	...	...	25	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Bahadur Khel	67	...	...	...	...	20	3	...	...	1	6	2	3	...	...	...	...	...	2	58	2	...	...	...	2	...
		...	...	...	...	...	...	...	...	..	2	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Latammar	19	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4	...	...	...	...	..	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Edwardesabad	1,605	...	...	2	3	725	108	...	...	11	73	57	79	12	...	...	3	34	12	1,884	68	1	2	2	7	13
		...	...	...	...	1	7	...	...	2	21	1	...	...	...	...	...	...	...	45		...	...	...	...	...
Jani Khel	36	...	...	1	...	19	2	...	...	...	...	2	4	1	...	...	3	...	...	49	1	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Dera Ismail Khan	1,453	...	...	...	...	386	17	...	2	5	54	74	59	13	...	2	1	43	19	1,302	54	5	1	5	8	16
		...	...	...	...	...	4	...	...	...	15	1	...	...	...	...	...	1	...	25		...	...	...	...	...
Tank, Jatta, and Draband	188	...	...	...	...	47	5	...	...	...	2	7	20	1	...	...	...	...	2	140	6	...	...	1	1	...
		...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...
Mangrota	40	...	...	...	...	7	...	...	...	...	...	...	2	...	...	...	...	...	...	21	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Dera Ghazi Khan	635	...	...	...	...	107	9	...	...	4	11	29	34	1	...	...	2	11	17	528	22	2	...	2	13	8
		...	...	...	...	...	1	...	...	1	5	...	...	...	...	...	...	...	...	7		...	...	...	...	...
Mooltan	1,196	...	...	...	...	245	5	...	4	4	20	18	45	1	...	...	...	25	24	818	30	8	4	3	9	2
		...	...	...	...	...	2	...	...	...	7	...	1	...	...	...	...	...	...	11		...	...	...	...	...
Sadda	80	...	...	...	...	36	...	...	...	...	1	5	4	...	...	...	...	...	...	77	2	...	...	...	...	...
		...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Bikaner	40	...	...	..	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
B.																										
Idak	281	...	...	...	2	48	22	5	...	...	9	12	7	1	...	...	...	1	5	207	7	1	...	4	...	4
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Kkajuri	39	...	...	...	...	7	2	...	...	...	1	...	2	...	...	...	...	...	...	14	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Saidgi	171	...	...	...	...	74	4	...	...	...	3	18	14	...	...	...	...	2	...	163	4	...	...	...	...	...
		...	...	...	...	...	...	...	...	..	1	...	...	...	...	...	...	...	...	3		...	...	...	...	...
Jandola	185	...	...	..	...	98	...	...	...	...	1	8	45	3	...	...	2	...	...	233	6	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	..	...	...

1. Admissions. 2. Deaths.

Stations and Groups.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	All Causes.	Constantly Sick.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Khajuri Kach	276	...	...	...	...	21	2	...	...	1	6	12	27	7	..	1	...	6	4	149	6	1	...	2	1	...	...
		...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Sibi	135	...	...	...	...	31	4	...	...	...	4	5	9	...	...	...	1	...	1	85	3	...	...	...	1	1	...
		...	...	..	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
C.																											
Jacobabad	602	...	...	...	...	76	...	...	...	1	26	13	12	1	...	...	...	14	8	373	25	...	3	1	4	2	...
		...	...	...	...	...	...	...	...	1	3	2	...	...	...	...	..	...	...	9		...	...	...	...	...	...
Hyderabad	634	...	...	...	...	92	10	2	...	6	3	23	20	6	...	2	4	6	42	374	19	5	7	7	23	2	...
		...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	1	...	...	4		...	...	...	...	...	...
Kurrachee	658	...	1	...	...	267	6	...	...	5	14	22	25	4	...	1	...	12	61	576	23	17	4	12	28	2	1
		...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and North-Western Rajputana.	16,269	286	1	23	5	4,527	531	41	13	62	526	691	746	114	...	12	37	252	282	13,646	512	60	24	61	137	70	3
		...	...	1	...	6	35	1	1	10	137	9	2	...	...	...	2	1	1	249		...	1	...	...	...	...
A.																											
Bhuj	454	4	...	...	...	37	3	2	1	1	4	6	18	2	...	...	10	3	15	283	14	1	5	...	9	38	...
		...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3		...	...	...	...	1	...
Rajkot	500	...	...	...	...	178	3	...	...	3	1	19	8	4	...	4	11	4	35	450	18	20	3	4	8	6	...
		...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	3		...	...	...	...	...	...
Deesa	1,037	...	...	...	.	131	3	...	3	...	9	6	63	19	...	...	4	3	29	536	21	4	10	5	10	13	...
		...	...	...	...	...	...	...	1	...	4	1	1	...	...	...	...	...	1	10		...	...	1	...	...	...
Sadra	69	...	...	...	...	32	3	...	...	...	3	5	2	...	...	...	...	...	1	49	1	...	...	...	1	...	...
		...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Ahmedabad	238	...	...	2	...	86	3	1	...	1	2	15	1	5	...	...	...	1	12	181	6	1	4	1	6	2	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Baroda	702	...	...	...	...	191	20	18	2	2	9	4	32	3	...	1	3	3	16	451	15	4	...	6	6	6	1
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
B.																											
Barwani	71	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Alirajpore	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	9	...	...	...	...	...	6	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Sirdarpore	302	...	...	...	...	45	15	...	...	...	14	17	2	2	...	...	...	6	7	221	10	3	...	...	4	24	...
		...	...	...	...	...	1	...	...	...	3	...	1	...	...	...	...	...	...	5		...	...	...	...	...	...
Jhabwa	39	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Kherwara	356	...	...	...	...	5	1	22	...	2	6	14	1	1	...	...	...	7	...	174	8	...	...	...	...	42	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Kotra	155	...	...	...	...	11	...	...	..	...	1	1	2	1	...	...	...	...	1	40	2	...	...	...	1	5	1
		...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Udaipur	63	...	...	...	...	2	...	...	...	...	1	1	...	...	...	...	...	...	...	11	...	...	...	...	...	2	...
		...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Erinpura	573	...	...	1	...	27	2	1	...	12	19	13	15	4	...	...	...	1	11	233	10	...	...	4	7	10	1
		...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	1	7		...	...	...	1	...	...
Neemuch	411	...	...	1	...	61	3	18	...	...	3	3	18	7	...	2	...	2	3	217	6	...	1	...	2	2	...
		...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Deoli	576	...	...	...	...	79	5	1	...	...	8	7	9	5	...	...	...	7	18	266	7	...	...	3	15	9	...
		...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	5		...	...	...	...	...	..
Beawar	54	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	1	6	...	...	1	...	...	...	...
		...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Nasirabad	844	...	...	...	...	194	8	...	...	2	14	27	21	27	...	3	6	11	41	617	25	9	7	13	12	10	...
		...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	1	1	...	7		...	...	...	...	...	...
Ajmer	493	...	...	...	...	27	2	1	...	1	9	3	2	3	...	...	1	...	19	141	6	6	...	8	5	4	1
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Sambhar	21	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jaipur	60	...	...	...	...	10	...	...	...	...	2	...	...	...	...	...	...	...	...	28	1	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
		1. ADMISSIONS. 2. DEATHS.																									
Agra	746	...	...	...	...	178	13	...	...	2	15	9	28	1	...	...	...	...	14	394	17	...	8	2	4	3	...
		...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	6			...	...	...	...	...
Gwalior	25	...	...	...	...	14	...	...	...	...	...	1	...	...	...	...	...	...	1	23	1	...	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jhansi	811	...	...	...	...	39	...	...	1	...	31	3	3	3	...	1	1	16	36	247	20	10	...	11	15	...	...
		...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Nowgong	1,206	...	...	...	...	443	4	...	...	2	18	19	9	6	...	...	...	8	65	898	34	9	16	10	30	2	...
		...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	3		...	...	...	...	...	...
Jhalawar	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Goona	373	...	...	...	...	40	2	3	2	...	5	7	6	3	...	4	...	...	4	203	6	...	2	1	1	1	...
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	3		...	...	...	...	...	...
Agar	386	...	...	...	...	38	15	2	1	...	1	5	4	1	...	...	...	4	7	211	8	1	1	3	2	13	...
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	3		...	...	...	...	...	...
Sehore	677	...	...	...	...	410	6	1	...	...	5	12	7	3	...	...	...	4	13	660	14	2	...	6	5	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Indore	270	...	...	...	...	60	2	...	...	2	7	16	11	1	...	...	...	...	5	185	5	4	...	...	1	1	...
		...	...	...	...	...	...	...	...	2	4	1	...	...	...	...	...	...	...	7		...	...	...	...	...	...
Mhow	958	...	...	...	...	188	15	2	1	...	5	25	32	10	...	...	...	5	46	563	21	13	5	14	14	15	...
		...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	3		...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	12,522	4	...	4	...	2,530	128	72	11	30	193	239	296	111	...	16	36	85	400	7,305	277	87	63	92	158	214	4
		...	...	1	...	...	13	...	2	6	30	5	5	...	...	1	2	1	2	84		...	...	1	1	1	...
A.																											
Asirgarh	49	...	...	...	...	8	1	2	...	...	...	2	...	...	...	...	...	1	...	28	1	...	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Saugor	1,068	20	...	...	...	531	3	2	1	...	43	8	33	3	...	...	3	7	56	984	33	27	...	16	13	9	...
		...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Sutna	30	...	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	1	10	1	1	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Jubbulpore	716	...	...	...	...	222	33	...	1	...	8	25	43	6	...	1	...	3	36	562	19	1	8	7	20	17	...
		...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Sambalpur	298	...	...	...	...	93	1	...	3	...	7	9	8	3	...	1	...	8	16	237	10	5	...	3	8	...	...
		...	...	...	...	...	...	...	1	...	3	...	...	1	...	...	...	...	...	6		...	...	...	...	...	...
Raipur	406	...	...	...	...	93	...	...	...	...	6	1	30	...	...	...	...	...	48	296	12	22	...	9	17	...	...
		...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	5		...	...	...	...	...	...
Kamptee	588	...	2	...	...	200	1	...	1	3	13	2	8	...	...	...	...	...	33	344	12	11	...	14	8	...	...
		...	2	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Sitabaldi	84	...	...	...	...	26	...	7	...	...	1	4	1	...	...	1	...	...	4	71	1	...	1	...	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
B.																											
Ellichpur	782	19	...	...	...	161	10	1	...	2	14	11	17	1	...	...	...	2	36	397	10	9	...	14	13	...	...
		2	...	...	...	1	2	...	...	1	8	...	1	...	...	...	...	...	...	15		...	...	...	...	...	...
Hingoli	1,161	...	...	...	...	158	11	18	3	...	9	14	7	2	...	...	2	6	30	515	22	6	...	17	7	1	...
		...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2		...	...	...	...	...	...
Jalna	690	...	...	...	...	137	39	...	1	...	2	2	4	...	...	1	...	...	8	249	7	1	...	3	4	1	...
		...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Aurangabad	1,229	...	...	...	...	264	18	...	2	1	7	26	33	...	...	1	2	...	39	650	23	10	3	14	12	6	3
		...	...	...	...	...	2	...	...	...	1	1	...	...	...	...	...	...	1	9		...	...	1	...	...	...
Malegaon	99	...	...	...	...	23	...	...	...	...	...	2	1	...	...	...	...	...	1	53	1	...	...	1	...	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Ahmednagar	598	2	...	1	...	91	11	8	2	...	2	7	6	1	...	1	...	5	7	260	9	1	...	5	1	3	1
		1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	8		...	...	...	...	...	...
Mominabad	411	...	...	...	...	177	3	1	1	...	4	2	9	1	1	2	...	18	4	342	11	...	2	...	2	5	2
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Bolarum	1,299	43	...	...	...	157	18	1	1	1	29	35	28	9	...	1	17	1	16	549	18	4	...	4	8	9	...
		...	...	...	...	...	1	...	...	...	9	...	...	...	...	...	...	...	...	13		...	...	...	...	...	...
Secunderabad	3,499	80	...	...	...	837	16	8	20	7	21	37	93	1	...	5	1	36	192	2,154	76	38	8	47	99	9	1
		3	...	...	...	3	2	...	2	1	5	2	...	...	...	...	...	1	1	26		...	...	1	...	...	...
Raichur	723	...	...	...	...	15	2	...	1	...	...	5	5	...	...	...	...	9	5	87	6	3	...	...	2	1	...
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Belgam	1,313	...	...	...	...	55	8	8	5	1	11	12	14	2	...	2	...	12	118	714	40	63	...	27	28	5	...
		...	...	...	...	...	1	...	...	1	3	...	...	...	...	...	...	1	...	30		...	...	...	...	...	...
Satara	108	...	...	...	...	21	...	...	1	1	...	1	3	...	...	1	6	1	6	95	7	...	...	1	5	4	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Poona	2,675	1	...	1	...	692	41	23	7	3	45	70	125	48	...	5	7	33	123	2,256	80	8	45	23	47	22	...
		...	...	...	...	...	1	2	...	...	8	2	...	1	...	...	...	...	...	28		...	...	...	...	...	...
Kirkee	1,147	19	...	...	...	411	1	...	3	1	9	35	46	8	...	1	...	11	36	976	25	11	8	13	4	12	...
		...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	1	...	8		...	...	...	...	...	...
Sirur	436	...	...	...	1	49	...	...	...	...	4	1	14	2	...	...	1	1	13	173	8	...	1	4	8	17	...
		...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	1	...	6		...	...	...	...	...	...
GROUP IX.—DECCAN.	19,410	184	2	2	1	4,425	218	79	53	20	235	311	528	87	1	23	39	154	828	12,002	432	221	76	222	309	125	7
		6	2	...	...	6	11	2	7	4	56	5	2	2	...	...	...	4	2	183		...	...	2	...	...	...
Thana	84	...	...	...	...	18	...	...	...	...	...	5	32	6	...	...	...	...	3	85	2	...	2	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Bombay	1,232	2	...	...	1	271	28	6	4	5	33	71	201	76	...	3	7	27	75	1,114	41	29	1	24	21	10	...
		...	...	...	1	1	3	1	...	...	6	...	4	...	...	...	...	...	...	18		...	...	...	...	...	...
Butcher's Island	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Cannanore	1,288	...	...	...	...	173	19	16	...	...	6	37	13	16	...	1	...	31	93	1,030	46	22	4	29	38	...	...
		...	...	...	...	...	3	...	1	...	3	...	...	1	...	1	...	...	...	11		...	...	...	...	...	...
Trichoor	88	...	...	...	...	7	1	...	...	...	...	...	2	...	...	...	...	1	4	43	2	1	...	...	3	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Quilon	542	...	...	...	...	40	...	2	1	5	3	6	8	...	...	...	...	1	15	195	8	...	2	3	10	5	2
		...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Trivandrum	70	...	...	...	...	2	...	...	...	1	1	...	1	...	...	...	...	...	5	27	1	4	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
GROUP X.—WESTERN COAST.	3,306	2	...	...	1	512	48	24	5	11	43	119	257	98	...	4	7	60	195	2,495	99	56	9	58	72	17	2
		...	...	...	1	2	6	1	1	...	10	...	4	1	...	1	...	...	...	33		...	...	...	...	...	...
A. Bellary	1,248	...	...	...	...	693	20	...	3	3	17	21	16	1	...	...	1	8	48	1,124	50	14	2	8	24	2	1
		...	...	...	...	2	8	...	1	1	6	...	...	...	...	...	...	...	...	20		...	...	...	...	...	...
Bangalore	2,719	...	...	...	1	477	3	14	18	2	23	78	62	7	1	14	...	114	94	1,674	95	16	2	17	59	8	...
		...	...	...	...	1	...	...	1	2	5	2	1	...	...	1	...	1	2	18		...	...	1	1	...	...
B. Madura	22	...	...	...	...	4	1	...	...	...	...	...	1	...	...	...	...	...	10	18	1	3	...	...	7	...	..
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Trichinopoly	1,335	...	13	...	...	166	1	7	1	2	5	15	24	7	1	3	...	6	42	533	21	11	6	10	15	2	...
		...	7	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	12		...	...	...	...	...	...
Vellore	60	...	1	...	...	6	...	...	...	...	2	2	3	...	...	...	...	1	2	38	3	1	...	1	...	...	...
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
Pallavaram	139	...	...	...	...	12	...	...	8	3	1	4	1	...	...	...	...	15	11	113	21	...	...	8	3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
St. Thomas' Mount	712	...	...	...	...	20	1	34	1	1	1	13	10	1	...	1	...	42	49	336	19	5	11	15	18	...	...
		...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	4		...	...	...	...	...	...
Madras	718	...	...	...	...	25	...	61	...	1	2	11	4	...	...	1	...	26	56	374	24	12	4	13	27	1	...
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1		...	...	...	...	...	...
C. Vizianagram	699	...	...	3	...	75	1	3	1	3	2	4	8	1	1	...	...	5	40	351	18	10	...	24	6	...	...
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3		...	...	...	..	...	...
Berhampur	424	...	...	...	...	50	2	5	...	2	1	8	5	1	...	...	...	16	33	261	14	14	3	7	9	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA.	8,075	...	14	3	1	1,528	29	124	32	17	54	156	134	18	3	19	1	233	385	4,822	264	86	28	103	168	13	1
		...	8	...	...	3	9	...	4	3	12	3	2	...	1	1	..	1	2	61		...	...	1	1	...	...
Maymyo	619	...	1	...	...	190	1	...	2	5	8	32	13	6	...	2	...	14	98	558	32	11	19	54	14	...	...
		...	...	...	...	2	...	...	1	...	4	3	...	...	...	...	...	2	...	14		...	...	...	...	...	...
Bampon	71	...	...	...	...	97	...	...	...	...	...	2	1	...	...	...	...	1	1	121	3	...	...	...	1	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...
Toungyi	48	...	...	...	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	9	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...

TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Kohima	535	... ...	... ...	... ...	... ...	174 1	4 1	2 ...	1 1	7 4	16 2	19 ...	18 1	3 ...	... ...	1 ...	... ...	15 1	30 1	453 14	20	5 1	8 ...	7 ...	10 ...	... ...	... ...
Shillong	724	... ...	. ...	1 ...	... ...	212 2	... 1	... ...	2 ...	8 1	2 1	33 ...	102 1	6 ...	... 1	2 ...	... ...	7 ...	31 ...	579 7	30	6 ...	... ...	8 ...	17 ...	... ...	... ...
Gantak	187	.. ...	... ...	... ...	... ...	13 ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...	... ...	... ...	... ...	... ...	2 ...	... ...	30 ...	2	... ...	... ...	... ...	... ...	... ...	... ...
Darjeeling	111	... ...	... ...	... ...	... ...	20 ...	... ...	... ...	... ..	... ...	1 ...	7 ...	1 ...	... ...	... ...	... ...	... ...	... ...	4 ...	82 ...	4	1 ...	2 ...	1 ...	... ...	... ...	.. ...
Almora	591	... ...	... ...	1 ...	... ...	54 ...	28 4	... ...	... ...	5 2	10 2	4 1	11 ...	... ...	... ...	5 ...	... ...	1 ...	63 ...	304 9	24	9 ...	12 ...	27 ...	15 ...	... ...	... ...
Ranikhet	44	.. ...	... ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	6 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Naini Tal	124	... ...	... ...	... ...	... ...	6 ...	4 1	1 ...	... ...	... ...	... ...	2 ...	2 ...	... ...	... ...	... ...	... ...	... ...	5 ...	67 1	4	... ...	... ...	1 ...	4 ...	... ...	... ...
Lansdowne	992	... ...	... ...	... ...	... ...	62 ...	23 1	1 ...	... ...	5 5	12 1	2 ...	2 ...	1 1	... ...	1 ...	... ...	7 ...	58 ...	281 9	26	21 ...	... ...	25 ...	12 ...	... ...	... ...
Simla	124	... ...	... ...	... ...	... ...	24 ...	... ...	... ...	... ...	... ...	... ...	4 ...	8 ...	1 ...	1 1	... ...	... ...	1 ...	... ...	97 1	2	... ...	... ...	... ...	... ...	... ...	... ...
Jutogh	65	... ...	... ...	... ...	... ...	7 ...	4 1	... ...	... ...	... ...	... ...	5 ...	3 ...	... ...	... ...	... ...	... ...	4 ...	10 ...	90 1	4	3 ...	... ...	6 ...	1 ...	... ...	... ...
Dharmsala	925	53 ...	... ...	... ...	... ...	147 1	18 ...	... ...	... ...	26 7	35 5	16 ...	7 ...	... ...	... ...	2 ...	... ..	2 ...	86 ...	562 14	32	16 ...	9 ...	29 ...	32 ...	... ...	... ...
Bakloh	1,484	101 2	... ...	... ...	... ...	175 ...	108 5	... ...	1 ...	34 8	55 3	36 ...	30 1	3 ...	... ...	3 ...	7 ...	27 ...	84 1	1,055 24	53	10 ...	10 ...	30 1	34 ...	... ...	3 ...
Murree	37	... ...	... ...	... ...	... ...	8 ...	3 1	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	1 ...	22 1	1	... ...	... ...	... ...	1 ...	... ...	... ...
Khyragully	63	... ...	... ...	... ...	... ...	3 ...	9 ...	... ..	... ...	... ...	1 ...	3 ...	1 ...	... ...	... ...	... ...	... ...	... ...	4 ...	45 ...	3	1 ...	... ...	... ...	3 ...	... ...	... ...
Baragully	53	... ...	... ...	... ...	... ...	6 ...	... ...	... ...	1 ...	... ..	1 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	15 1	1	... ...	... ...	1 ...	... ...	... ...	2 ...
Kalabagh	60	... ...	... ..	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	1 ...	... ...	.. ...	... ...	... ..	1 ...	1 ...	28 ...	1	1 ...	... ...	... ...	... ...	... ...	... ...
Gilgit	202	... ...	1 1	.. ...	... ...	15 ...	2 ...	... ...	... ...	... ...	... ...	3 ...	1 ...	1 ...	... ...	... ...	... ...	... ...	5 ...	39 1	3	... ...	... ...	3 ...	2 ...	... ...	... ...
Chitral	275	... ...	... ...	... ...	... ...	36 1	22 ...	... ...	1 ...	.. ..	1 1	9 1	7 ...	3 ...	... ...	. ...	1 ...	6 ...	2 ...	140 8	4	... ...	... ...	... ...	2 ...	... ...	... ...
Kila Drosh	1,332	... ...	... ...	... ...	3 ..	127 ...	65 ...	5 ...	2 1	3 2	40 9	37 1	51 ...	5 ...	... ...	1 ...	20 1	16 ...	20 ...	648 19	27	... ...	2 ...	16 ...	2 ...	... ...	.. ...
Abbottabad	1,285	... ..	... ...	... ...	.. ...	112 1	35 2	1 ...	... ...	19 8	21 1	85 ...	27 ...	2 ...	... ...	1 ...	3 ..	12 ...	124 ...	949 13	76	12 ...	33 ...	26 ...	53 ...	6 ...	1 ...
Cherat	64	... ..	... ...	... ...	... ...	4 ...	... ...	... ...	... ...	... ...	... ...	... ...	2 ...	1 ...	.. ...	... ...	... ..	... ...	... ...	15 ...	...	... ...	... ...	... ...	... ...	... ...	.. ...

1. ADMISSIONS. 2. DEATHS.

STATIONS AND GROUPS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.	Other Entozoa.
Miran Shah	676	... ...	... ...	... ...	... ...	650 2	2 ...	... ...	... ...	3 1	25 11	17 ...	28 ...	10 ...	... ...	1 ...	... ...	... ...	12 ...	868 16	29	2 ...	1 ...	8 ...	1 ...	... ...	... ...
Boya	203	... ...	... ...	... ...	... ...	258 ...	... ...	... ...	... ...	... ...	4 2	10 ...	19 ...	2 ...	... ...	... ...	... ...	1 ...	3 ...	354 2	8	1 ...	... ...	2 ...	... ...	... ...	... ...
Datta Khel	850	... ...	... ...	... ...	1 1	938 ...	41 3	1 1	2 ...	1 1	18 7	62 1	86 ...	21 ...	... ...	1 ...	... ...	16 ...	3 ...	1,468 14	28	... ...	... ...	1 ...	2 ...	1 ...	... ...
Haidari Kach	22	... ...	... ...	... ...	... ...	40 ...	... ...	... ...	... ...	... ...	... ...	... ...	7 ...	... ...	... ...	... ...	... ...	2 ...	... ...	57 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Sarwekai	224	4 ...	... ...	... ...	... ...	110 ...	... ...	... ...	... ...	... ...	2 1	7 ...	32 ...	1 ...	... ...	... ...	... ...	3 ...	... ...	262 1	7	... ...	... ...	... ...	... ...	... ...	... ...
Wana	732	212 ...	... ...	... ...	... ...	974 4	11 2	... ...	2 ...	1 ...	13 7	43 ...	84 ...	8 ...	... ...	... ...	4 ...	17 ...	17 ...	1,776 15	86	3 ...	... ...	3 ...	11 ...	... ...	... ...
Mir Ali Khel	131	... ...	... ...	... ...	... ...	177 1	... ...	1 ...	2 ...	... ...	5 2	10 ...	19 ...	2 ...	... ...	... ...	1 ...	1 ...	... ...	264 5	4	... ...	... ...	... ...	... ...	... ...	... ...
Fort Sandeman	887	... ...	... ...	... ...	... ...	204 ...	12 1	... ...	3 1	4 1	69 31	56 ...	51 2	14 3	... ...	10 ...	10 ...	5 ...	18 ...	804 42	39	... ...	... ...	4 ...	14 ...	20 ...	... ...
Musa Khel	14	... ...	... ...	... ...	... ...	13 ...	3 ...	... ...	... ...	... ...	... ...	2 ...	4 ...	... ...	... ...	... ...	... ...	1 ...	... ...	28 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Khan Mohamed Kot	106	... ...	... ...	... ...	... ...	144 ...	1 ...	... ...	... ...	... ...	4 1	5 ...	14 ...	7 ...	... ...	... ...	1 ...	5 ...	1 ...	252 1	6	... ...	... ...	1 ...	... ...	... ...	... ...
Murgha	81	... ...	... ...	... ...	... ...	22 ...	... ...	... ...	... ...	... ...	... ...	8 ...	13 ...	2 1	... ...	... ...	... ...	1 ...	... ...	72 1	3	... ...	... ...	... ...	... ...	... ...	... ...
Loralai	961	... ...	... ...	... ...	... ...	218 ...	15 ...	... ...	2 1	1 ...	35 13	33 1	106 ...	24 ...	... ...	6 ...	4 ...	26 ...	25 ...	791 16	26	3 ...	1 ...	6 ...	15 ...	1 ...	... ...
Gumbaz	87	... ...	... ...	... ...	... ...	9 ...	... ...	... ...	... ...	... ...	2 1	5 ...	3 ...	1 ...	... ...	... ...	... ...	... ...	... ...	40 1	2	... ...	... ...	... ...	... ...	... ...	... ...
Quetta	1,948	... ...	... ...	... ...	1 1	371 1	6 ...	2 ...	1 ...	6 2	79 11	68 3	58 ...	8 ...	... ...	5 ...	6 ...	68 1	89 1	1,410 21	70	18 ...	13 ...	14 1	44 ...	9 ...	... ...
Peshin	390	... ...	... ...	... ...	... ...	82 ...	2 1	2 ...	3 ...	1 ...	13 5	22 ...	29 ...	5 ...	... ...	3 ...	4 ...	7 ...	13 ...	374 6	13	2 ...	1 ...	7 ...	3 ...	4 ...	... ...
Shelabagh	149	... ...	... ...	... ...	... ...	20 ...	1 1	... ...	4 1	... ...	2 ...	8 ...	8 ...	5 ...	... ...	1 ...	... ...	... ...	4 ...	154 2	4	... ...	... ...	2 ...	2 ...	9 ...	... ...
Spinwana	54	... ...	... ...	... ...	... ...	19 ...	... ...	... ...	... ...	... ...	2 ...	6 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	40 ...	1	... ...	... ...	... ...	... ...	... ...	... ...
Chaman	656	... ...	... ...	... ...	... ...	161 2	... ...	... ...	2 ...	1 ...	4 ...	92 1	11 ...	9 ...	... ...	... ...	31 ...	11 ...	52 ...	885 3	32	2 ...	4 ...	9 ...	37 ...	3 ...	1 ...
Mount Abú	83	... ...	... ...	... ...	... ...	3 ...	... ...	... ...	... ...	... ...	4 1	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	15 1	...	... ...	... ...	... ...	... ...	... ...	... ...
Ootacamund	73	... ...	... ...	... ...	... ...	4 ...	... ...	... ...	... ...	... ...	2 1	3 ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	21 1	1	... ...	... ...	... ...	... ...	... ...	... ...
GROUP XII.—HILL STATIONS.	18,339	370 2	2 1	2 ...	5 2	5,915 18	420 25	16 1	31 6	131 42	487 124	758 12	863 5	152 5	1 2	46 ...	92 1	281 4	865 3	16,130 285	713	127 1	115 ...	291 2	332 ...	53 ...	7 ...
Marching in Bengal	2,310	1 ...	54 31	1 ...	... ...	261 2	32 1	... ...	... 1	4 ...	44 6	48 ...	152 5	19 2	... ...	2 1	4 ...	9 ...	47 ...	1,103 53	26	9 ...	9 ...	13 ...	16 ...	4 ...	... ...
Marching in Punjab	3,256	37 ...	8 4	1 ...	... ...	381 ...	34 ...	1 ...	1 ...	... ...	55 5	51 ...	61 1	25 ...	1 ...	1 ...	3 ...	33 ...	36 ...	1,199 14	22	5 ...	4 ...	18 ...	9 ...	... ...	... ...

TABLE XXIX—*concluded.*

ACTUALS of STATIONS, GROUPS, and COMMANDS, on which the ratios in Tables XXVI—XXVIII have been calculated.

1. ADMISSIONS. 2. DEATHS.

STATIONS, GROUPS, AND COMMANDS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Primary Syphilis.	Soft Chancre.	Secondary Syphilis.	Gonorrhœa.	Dracunculus Medinensis.
Marching in Madras	1,924	...	2	1	...	197	7	1	2	...	5	19	46	19	...	...	...	9	26	474	9	9	1	6	10	1
		...	4	...	...	1	...	...	2	...	2	...	1	...	...	...	...	...	...	13		...	...	...	...	...
Marching in Bombay	1,818	...	...	...	...	121	6	...	1	1	11	10	27	5	...	1	...	4	21	379	10	4	...	2	15	3
		...	...	...	...	...	2	...	...	1	4	...	...	1	...	...	...	...	...	15		...	...	...	...	...
Hyderabad Contingent marching.	262	...	...	...	...	8	1	...	...	...	...	...	3	...	...	...	...	...	3	31	1	...	...	1	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Mishmi Field Force	61	...	...	...	...	18	3	...	...	...	...	2	5	...	...	...	...	...	5	46	1	...	...	4	1	...
		...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2		...	...	...	...	...
Malakand Force	3,219	...	...	...	...	622	59	1	3	8	66	113	161	30	...	1	11	54	31	1,762	68	3	1	11	16	2
		...	...	...	...	8	5	...	...	2	26	1	1	...	...	...	...	1	...	47		...	...	...	...	...
Khyber Force	1,980	613	...	...	...	331	8	...	2	3	18	43	61	6	..	...	12	4	28	1,466	31	7	...	13	8	...
		...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	9		...	...	...	...	...
Kohat-Kurram Force	1,981	8	1	...	...	814	41	4	1	1	30	54	131	32	...	2	5	13	20	1,612	50	1	4	4	11	8
		...	1	...	...	1	6	...	...	1	5	...	1	...	...	...	...	3	...	20		...	...	...	...	...
Indian Marine Ship *Lawrence*.	7	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	1	6	...	1	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Chabbar	54	...	1	...	...	127	2	...	1	...	2	1	11	3	...	...	4	2	1	191	5	...	...	...	1	1
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Jask	39	1	...	...	...	37	4	...	...	...	...	...	3	...	...	1	...	...	...	77	2	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Muscat	21	...	...	...	...	24	...	...	...	...	...	...	1	...	...	...	...	...	...	42	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Bushire	57	...	...	...	...	2	...	...	...	...	1	...	2	...	...	...	...	...	1	10	...	1	...	...	...	...
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Bagdad	26	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	5	...	...	...	...	2	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Aden	625	...	...	...	...	191	7	15	2	4	...	24	29	1	...	2	19	12	37	501	20	3	9	15	10	11
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2		...	...	...	...	...
Khormaksar	84	...	...	...	...	21	1	9	...	...	...	6	9	...	...	...	1	1	...	69	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Sheikh Othman	31	...	...	...	...	24	1	5	...	...	...	1	1	...	...	...	...	...	2	38	1	2	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Perim	31	...	...	...	...	3	...	4	...	..	...	...	2	2	...	...	...	...	...	21	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		...	...	...	...	...
Zaila	56	...	...	...	...	12	...	...	...	...	...	5	1	...	...	...	...	...	1	33	1	...	1	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Bulhar	20	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	...	1	6	...	...	...	...	1	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Berbera	68	...	...	...	...	43	..	...	...	...	...	...	3	...	...	...	1	...	...	53	1	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...
Mauritius	780	14	...	...	...	1,241	...	...	...	1	5	10	240	...	...	...	...	1	23	1,772	60	2	...	15	6	...
		1	...	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	6		...	...	...	...	...
Mombasa Field Force†	176	...	...	...	...	57	15	...	...	...	4	7	14	...	...	1	1	3	6	172	10	...	...	1	5	...
		...	...	...	...	...	3	...	...	...	...	2	...	...	...	...	...	...	...	6		...	...	...	...	...
INDIA — *Remaining from 1898.	128,529	8	...	1	...	653	68	10	14	37	250	223	122	23	4	9	15	117	473	3,625	3,559	121	64	158	130	27
INDIA — Admittd.		1586	124	46	18	33,440	2,185	508	194	429	2,132	3,466	4,879	917	8	157	305	1,660	4,378	90,589		969	481	1268	1,660	698
INDIA — Died		13	68	2	3	87	151	5	31	87	496	47	45	16	5	6	6	22	12	1,375		1	1	7	3	1
INDIA — Died out of hospital.		...	2	...	...	2	...	...	6	...	5	...	3	1	1	...	...	...	1	68		...	...	1	...	...
BENGAL	26,820	68	55	10	3	8,247	412	82	18	111	372	600	997	157	1	31	26	319	1,038	19,194	783	267	139	290	342	185
		2	32	...	...	27	24	...	6	24	64	7	18	6	3	4	...	5	2	269		1	...	...	1	...
PUNJAB	44,224	1322	48	25	11	11,347	1,253	55	34	193	1,038	1,394	1,745	292	2	27	111	545	951	32,322	1,211	172	96	308	375	115
		3	22	1	1	28	74	2	5	41	258	15	9	...	1	...	2	6	2	552		...	1	1	...	...
MADRAS	23,255	91	17	5	1	5,571	147	198	84	51	130	536	585	117	4	37	2	439	1,208	15,635	695	285	104	361	458	38
		4	12	...	...	21	19	...	12	7	34	9	4	3	1	2	...	7	4	210		...	...	3	1	...
BOMBAY	26,657	29	4	6	3	5,882	253	152	49	69	518	822	1,187	338	...	56	144	317	1,006	18,628	700	210	137	236	423	334
		1	2	1	2	9	24	3	7	14	115	13	11	7	...	...	4	4	3	285		...	...	2	1	1
HYDERABAD CONTINGENT.	6,556	62	...	...	...	1,077	102	21	9	4	65	95	106	13	1	5	21	36	141	2,820	98	33	5	53	50	23
		2	...	...	...	1	6	...	1	1	23	1	1	...	...	...	...	...	1	45		...	...	1	...	...

* Remaining + admitted = total treated. Remaining + admitted + died out of hospital = total cases.

† As far as returns have been received.

Groups and Commands.	1. Average Strength. 2. Constantly Sick.												Total.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—Burma Coast and Bay Islands.	1,304	1,371	1,366	1,349	1,384	1,353	1,363	1,372	1,377	1,396	1,589	1,442	16,666
	43	54	54	45	59	47	45	39	39	48	52	79	604
II.—Burma Inland . .	4,826	4,823	3,879	3,757	3,918	3,751	3,975	4,378	4,444	4,501	4,550	4,278	51,080
	187	211	168	109	103	111	130	165	177	209	204	176	1,950
III.—Assam	1,465	1,616	1,685	1,527	1,499	1,487	1,475	1,491	1,475	1,458	1,407	1,293	17,878
	46	63	59	66	71	71	73	73	59	57	64	61	763
IV.—Bengal and Orissa .	3,104	2,836	3,260	2,802	2,775	2,793	2,741	2,744	2,859	2,958	2,780	2,750	34,402
	140	90	85	66	64	73	72	115	170	166	222	189	1,452
V.—Gangetic Plain and Chutia Nagpur.	5,536	5,813	5,982	5,767	6,040	6,108	5,953	6,027	6,219	6,819	7,466	6,268	73,998
	152	132	150	142	138	126	126	167	183	200	242	191	1,949
VI.—Upper Sub-Himalaya .	15,544	15,112	15,000	15,529	15,009	14,965	14,581	14,348	14,264	15,580	18,082	18,648	186,662
	415	380	334	361	338	330	361	371	417	424	425	393	4,549
VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	18,436	17,502	16,901	15,257	15,024	14,797	14,555	14,575	14,835	16,819	17,975	18,550	195,226
	664	600	485	425	398	426	472	488	427	533	643	588	6,149
VIII.—South-Eastern Rajputana, Central India, and Gujarat.	13,911	13,715	12,803	11,440	10,887	11,523	11,860	12,175	11,952	13,293	13,758	12,942	150,259
	347	297	270	212	205	198	215	262	283	329	375	334	3,327
IX.—Deccan	20,772	21,051	20,233	17,656	17,720	17,963	18,401	18,520	18,774	20,348	20,705	20,778	232,921
	527	529	473	369	343	368	366	400	417	439	495	462	5,188
X.—Western Coast . .	3,556	3,810	3,470	3,195	3,025	3,036	3,098	3,154	3,162	3,565	3,635	2,960	39,666
	130	110	88	96	92	99	85	94	95	87	101	113	1,190
XI.—Southern India . .	8,301	8,297	8,261	7,962	7,530	7,609	7,807	7,780	7,852	8,307	8,628	8,570	96,904
	322	304	266	239	227	240	247	256	250	245	293	281	3,170
XII.—Hill Stations . .	18,850	18,260	18,231	19,032	18,682	18,351	18,488	18,571	18,233	17,846	17,708	17,816	220,068
	778	732	662	593	590	584	699	928	929	762	676	623	8,556
INDIA . .	138,903	139,705	133,834	122,858	118,298	117,232	117,751	119,234	122,249	133,395	140,309	138,581	1,542,349
	4,087	3,862	3,457	2,997	2,976	2,933	3,163	3,629	3,717	3,872	4,169	3,842	42,704
Bengal	29,764	28,176	27,044	25,331	24,295	24,295	24,243	24,280	24,935	28,094	30,940	30,448	321,845
	834	758	703	620	614	611	630	776	865	926	1,095	962	9,394
Punjab	47,188	49,439	47,533	42,721	41,199	40,266	39,935	40,261	41,599	45,866	47,754	46,926	530,687
	1,343	1,288	1,095	973	1,011	984	1,176	1,418	1,377	1,365	1,336	1,170	14,536
Madras	24,819	24,909	23,524	22,311	21,561	21,304	21,823	22,386	22,671	23,912	25,121	24,722	279,063
	768	794	699	625	595	600	627	674	675	707	792	780	8,336
Bombay	28,645	28,795	27,514	25,495	24,595	24,826	24,988	25,311	25,937	27,591	28,335	27,849	319,881
	899	801	700	583	576	581	591	628	694	757	809	786	8,405
Hyderabad Contingent . .	7,180	7,128	6,992	5,752	5,683	5,769	5,967	6,207	6,322	7,154	7,257	7,265	78,676
	139	112	121	88	75	78	76	87	80	93	114	109	1,172

TABLE XXX.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table XXVIII.

STATIONS.	COMMAND.	Sanitary defects, improvements, suggestions, etc.
Fort William	Bengal	The 4th Rajputs suffered excessively from malarial fever: the increase is attributed to excessive rainfall. The chief defects are the double water-supply and the faulty disposal of sewage. *The General Officer Commanding the District* :—The scheme of connecting the sewage system of the fort with that of Calcutta is at present in abeyance, pending a decision of the Bengal Government. *The Lieutenant-General Commanding the Forces* :—As regards the dual water-supply, the municipality are unable to supply sufficient water for both dietary and ablutionary purposes. The septic tank system is now being tried at the fort for the disposal of sewage.
Barrackpore	,, ...	The diseases that were chiefly prevalent among the troops and their families were ague, dysentery, venereal disease, and pneumonia, of which the last disease was the chief cause of mortality. Dysentery and malarial fever from which the troops suffered severely were due to the excessive dampness of the soil in consequence of the subsoil drainage in their lines being insufficient. The drainage within the cantonment has been improved, but more requires to be done. The orderly bazaar is little better than a swamp during the rains; and those occupying the barracks lying nearest to it suffer most from ill health. The ground (¾ths of a mile) between the cantonment and the railway station is undrained and full of stagnant tanks. Rice is cultivated within a mile of the barracks. The water-supply is good and sufficient. There are no sources of contamination. The food for the native troops is comparatively speaking good, but the prices are very high. The 2nd Madras Infantry has been fairly well nourished, but there is plenty of room for improvement in this respect. The surface drain from the station hospital through the compound of the native infantry hospital is constantly getting blocked and giving trouble, owing to insufficient fall. Improved drainage in the native infantry lines, and tiled floors instead of mud ones in the barracks, left wing, and drummers' huts, are required. The medical officer in charge of the 2nd Madras Infantry remarks: "The regiment has not the authorized cubic space and the barracks are extremely damp and have only mud floors. Allowing 8 men on guard from each barrack, the barracks are 8,000 cubic feet each deficient by rough measurement." *The General Officer Commanding the District* :—The main point to be attended to is the improvement of the drainage generally. There are difficulties connected with this, but the matter is being looked to, and the drains improved, as funds become available. The proximity of rice cultivation to a cantonment is always a source of danger. A more definite proposal will be called for as to the amount of land at present under rice cultivation and what compensation would have to be paid. The other suggestions will be taken up as soon as possible, with the exception of the rebuilding of the native infantry lines which, no doubt, should be eventually rebuilt on the standard plan. *The Lieutenant-General Commanding the Forces* :—There are many native troop lines that have to be reconstructed before those at Barrackpore.
Dehra Dun	,, ...	There was no unusual sickness this year as compared with other years. The 1st battalion, 2nd Gurkhas, suffered most from sickness. The causes of sickness being more in the above battalion are:—The area occupied by the lines is smaller; the lines have been occupied longer; the troops have a second source of water-supply which is an open channel,—an offset from an irrigation canal to the west of the Cantonment, and which is liable to pollution throughout its whole length. Ague was most prevalent from the middle of August to the middle of October. Deaths from cholera took place between the 3rd and 14th June. Ague was due to climatic causes, the chilliness of the season, the drying up of the rains, exposure on duty, etc. Conjunctivitis was due to defective ventilation in the married quarters. Tubercle of the lungs was also chiefly amongst the married men, and so defective ventilation is probably an important cause Cholera was due to the defective water-supply above referred to. Stand-posts in the lines having been sanctioned, it is suggested that all reservoirs be supplied with locked taps, or at any rate those beyond the limits of the lines, *viz.*, Nos. III and VI, and the bazaar. The benefit of this water is so widely known and recognised that villagers come to draw water the whole day and night, and often leave the taps open, thus letting the water run to waste. Nos. III and VI reservoirs are half-a-mile from the lines and cannot be properly supervised during the night. These should certainly have locked taps (it would be better if all had), for in the dry weather the water runs so low as to be barely sufficient for the troops alone, and, as a matter of fact, is insufficient whenever the canal water

STATIONS.	COMMANDS.	Sanitary defects, improvements, suggestions, etc.
Dehra Dun—*contd.*	Bengal—*contd.*	has to be turned off to avoid cholera. The result of an insufficient water-supply is that men are driven to the Tons, which is polluted by the Mussoorie filth-pits. All the ravines in the cantonment should be protected from breaking back. Protective works have never been carried out in the cantonment except as required, with the result that very heavy expenditure is eventually entailed. The station requires to be scientifically drained. A temporary work to save one portion only opens up a fresh water course. When the new portion of the cantonment was taken over, a sum was allotted for protective works for the ravines, but for some reason was never expended. *The District Principal Medical Officer* :—I concur in the above remarks. The water-supply question is urgent, and should be taken in hand as soon as possible. *The General Officer Commanding the District* :—I also concur in the above remarks. Much of the ague from which the men of the 1st and 2nd battalions, 2nd Gurkhas, suffer each year when they are at Dehra, is due to their being allowed to shoot in the unhealthy jungles in the neighbourhood during and immediately after the rains. The practice has gone on for many years, and is a source of profit to the men, from the sale of meat, skins, horns, etc. Hence it requires careful handling, and it is receiving attention accordingly. *The Lieutenant-General Commanding the Forces* :—Action will be taken regarding the water taps. The defective ventilation is now being remedied.
Kohima	,, ...	The year, on the whole, has been a very healthy one. The most feverish months here are August, September, and October. During these three months this year there was a daily prophylactic issue of 3 grains of quinine and 2 minims of arsenic to every sepoy. None were excused the parade. The issue was a great success, and was undoubtedly the great factor in the diminished number of fever cases admitted during the year. The ague is of course climatic. There are no particularly aggravating causes of malaria in Kohima. The mumps were brought up from Gorakhpur by a recruit, and spread chiefly among the recruits. Chest affections are partly due to the well-known predisposition of the Gurkhas to suffer from these diseases, and partly to the badly built and badly ventilated huts. The latter with their *ekra* walls and corrugated iron roofs are hot in summer and cold in winter. There has been no overcrowding in the individual huts used by the sepoys, but the barracks are built much too closely together, and they are of faulty construction and badly ventilated. They have been frequently adversely reported upon. If this station is to be retained as one for regular native troops, it will undoubtedly be necessary to build new barracks. Those at present in use are cramped upon a hill side,——8 barracks on a site barely large enough for 2. They are built on a wrong principle, and the ventilation, when any exists, is natural,— from holes between the roof and walls. It is no wonder that chest affections should be so common in the winter, when one sees the barracks the men have to live in. At both of the recent inspections——by the Lieutenant-General Commanding the Forces, Bengal, and by the Principal Medical Officer, Assam,—the barracks were adversely reported on.
Mardan . . .	Punjab	Malarial fever was due to climatic causes, but was held in check, as far as the troops were concerned, by the regular prophylactic issue of quinine. The year has, however, shown an uncommon freedom from diseases of this nature, owing probably to the unusual want of rain. The occurrence of pneumonia and other affections of the chest must be held to be influenced strongly by the gradually increasing evil effects of irrigation, whereby climatic conditions are becoming altered, the humidity of the atmosphere increased; and contrasts in temperature accentuated. Irrigation within the cantonment is being kept, as far as possible, within bounds; that in the vicinity requires careful supervision, and should be restricted as far as possible, since it seems unlikely that its prohibition within a fixed radius of the fort will ever prove possible. *The District Principal Medical Officer* :— Alteration of the system of drains within the cantonment is required. To lessen the humidity of the climate it would be necessary to prohibit irrigation within a certain distance of the cantonment, but this, I think, is not possible on account of the expense involved. Irrigation should, however, be restricted as much as possible for this distance. *The General Officer Commanding the District* :—The scheme for improving the drainage has been drawn up and appears suitable. The cost of prohibiting irrigation within a fixed radius would be excessive, but something might be done in the way of restricting irrigation to the amount actually necessary for cultivation, instead of allowing water to be stagnating in the fields.
Peshawar	,, ...	There has been no unusual sickness among the troops. The diseases that were most prevalent among the native troops were

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table III.

STATIONS.	COMMAND.	Sanitary defects, improvements, suggestions, etc.
Peshawar—*contd.*	Punjab—*contd.*	malarial fever, dysentery, influenza, and acute bronchitis, all of which were due to climatic causes. *The District Principal Medical Officer* :—I am aware neither of any measures necessary to remedy any insanitary condition, nor of any insanitary condition that requires a remedy.
Fort Jamrud	,,	No Sanitary Report.
Kohat	,,	During the year the 2nd Bengal Lancers had the largest admission ratio, due to the facts that but a small number of men were present and that sick and weakly men were kept in Kohat, when two squadrons were on duty at the Kohat Kurram Force outposts. The same reason applies to the 3rd Punjab cavalry during the period. Of the infantry, the 3rd Sikhs had the highest admission-ratio, due to their recent return from the hardships of field service. The 33rd Punjab Infantry had the highest constantly sick ratio, owing probably to the men having recently returned from the Tochi Valley, which is an unhealthy place. Also the infantry occupied the condemned infantry lines. Taking the average strength of the 6th Punjab Infantry occupying the lines as 713 unmarried and 46 married men, there is a deficiency of 363 cubic feet for unmarried and no deficiency for married men. New lines are badly wanted, and good sites for such lines are available; but it seems useless making any recommendation at present. *The District Principal Medical Officer*:—The demolition of the present overcrowded and partly ruinous centre infantry lines, and the building of new lines on a fresh site, are urgent sanitary requirements. *The General Officer Commanding the District*:—The centre infantry lines have been condemaed for the last 20 years, and their unsuitability for occupation insisted on in every sanitary report. A scheme for introducing improved conservancy on the movable latrine system has been submitted for the orders of the local government. The introduction of the above system will necessitate a grant-in-aid both for initial and for recurring expenditure, as cantonment funds are not in a position to bear the charge. *The Lieutenant-General Commanding the Forces*:—Proposals are being considered for the building of new lines to replace the present central infantry lines, which are insufficient and in a ruinous condition. The introduction of the movable latrine system for Kohat has been sanctioned, and funds have been allotted for the purpose. The provision of an infectious disease ward has also been sanctioned, and this latter will shortly be completed.
Bahadur Khel	,,	No Sanitary Report.
Edwardesabad	,,	There was no unusual sickness among the troops. Ague was prevalent, due to the malarious nature of the country; and pneumonia, which was, to some extent, the chief cause of mortality, was due to cold. The chief defects are the cultivation and irrigation of the land all round the cantonment,—up to the very limits of the bungalows and the lines; and the absence of any sanitary arrangements in the villages, some of which are hardly more than a stone's throw away. The first is probably a predisposing cause of malaria; and the second a possible source of contamination of the water of the *nullahs.* The remedy, which has already been proposed, is the acquisition of a broad belt of land round the cantonment, which can be freed from cultivation and irrigation, and cleared of inhabitants, who misuse it as a latrine. *The District Principal Medical Officer* :—I am of opinion that the prevalance of malarial fever in Edwardesabad is, to a great extent, due to the excessive irrigation of land in close proximity to the cantonment and habitations. This can only be remedied by taking up a wide belt of land around the cantonment, and throwing it out of cultivation. The numerous *kutcha* water channels in the cantonment are a possible source of danger to the health of the inhabitants. The greater number of them should be closed altogether, and those that are left should be made *pucca.* The present fixed mud latrine-buildings should be replaced by movable iron screens. I understand that this has been sanctioned, and will be carried out at once. *The Principal Medical Officer, Punjab Frontier Force*:—The following measures are necessary:—The introduction, and distribution by pipes, of a good water-supply; the diversion of some, and the closing of others, of many of the numerous irrigation channels running through the cantonment; the extension of the cantonment limits by taking in a wide belt of land all round,—the cost of this would be very great, probably prohibitive; the rebuilding, on a fresh site (if obtainable), of the cavalry lines; the substitution of movable iron latrines for all the present mud buildings. *The Lieutenant-General Commanding the Forces*:—The question of the extension of the Edwardesabad cantonment is under consideration, as also of the reconstruction of the cavalry lines on a

STATIONS.	COMMAND.	Sanitary defects, improvements, suggestions, etc.
Edwardesabad—*contd.*	Punjab—*contd.*	fresh site and the diversion of the largest water channel. An estimate for R19,802 has been submitted in connexion with the project for a pipe water-supply for this cantonment. The provision of masonry drains to replace the present *kutcha* ones in the cavalry lines, as well as the erection of movable iron latrines has been sanctioned; and the question of *pucca* water channels throughout the cantonment is under consideration.
Dera Ismail Khan	„	There has been no unusual sickness this year. As compared with the year 1897, the year 1899 has been much healthier, and it remains about on a par with 1898, which was unusually healthy. The prophylactic issue of quinine and arsenic to the troops during the autumnal months, may have proved beneficial. Bronchitis and pneumonia were probably due to climatic variations in temperature and the resultant chill. Ague was climatic, and due to malarial poison. The chief defect in the sanitation of the cantonment is the main drain from the bazaar passing in close proximity to the cavalry lines on its way to the river Indus. The fall is very slight, and there are no adequate flushing arrangements. The water is hard from the presence of earthy salts, but is of fairly good quality and potable. The day-latrines of the right infantry lines being at some distance from the lines, it happens that the men at times prefer to make use of the adjoining jungle-ground, more especially as running water is available there. These might with advantage be built in the right infantry lines, and thereby the inducement for the sepoys to go out on the neighbouring waste ground would be removed. The litter accumulating near the cavalry and battery lines might be incinerated. *The District Principal Medical Officer*:—The provision of movable iron latrines to replace the present mud-built structures, as well as that of proper latrine accommodation for the right infantry lines is very desirable. The drainage is defective, but the cost of making this good is prohibitive. *The General Officer Commanding the District*:—I have issued orders for the incineration of rubbish on the Khar system. Estimates for providing movable latrines are submitted to the provincial government, and, it is hoped, they may be sanctioned A scheme for the improvement of the drainage system and disposal of the city drainage by a brick-lined drain running through the cantonment, is under consideration. It is estimated to cost R15,000, the greater portion of which would be debitable to the municipal or provincial funds. The details of the scheme and the incidence of cost have still to be decided.
Dera Ghazi Khan	„	There are no trench latrines. The cavalry have latrines with *gumlahs*. The night soil is removed daily, and is buried in the cultivated fields,—— it being used as a manure. The infantry resort to the jungles to the north-west of their lines. From this practice there is never any odour or unpleasantness in the lines, quarters, or the parade ground. They are provided with night-latrines, from which the night soil is removed and carried away, as in the case of the cavalry. The water is obtained from wells, and is plentiful and of fairly good quality. Chlorides are always present. The water in the wells rises to within 2 feet of the surface in August, and contamination with the surface-water is, to a certain extent, sure to take place; and at such times the water comes up turbid in appearance. The prices of articles of food for the native troops have been at famine rates since July; and consequently, the health of the followers in the station has much suffered. The troops have always been well nourished. *The District Principal Medical Officer*:—Nothing is practicable to remedy the bad drainage and high level of the sub-soil water.
Tank, Jatta, and Draband	„	No Sanitary Report.
Saidgi	„	No Sanitary Report.
Jutogh	„	There is no unusual sickness among the troops, as compared with other years. *The District Principal Medical Officer*:—The water is good and sufficient, but is obtained from a long way from the barracks, and consequently, has to be brought, with great labour, up a steep incline, in *pakhals* and metal-vessels, thereby rendering it liable to contamination. A proposal for the water-supply by pipes from the Simla water-works is under consideration. It is hoped that the Cooper's incinerator, which is being erected, will be odourless, and will do away with the necessity of burying the nightsoil.
Murree	„	*The District Principal Medical Officer*:—There is no insanitary condition in the cantonment, but the provision of *pucca* drains is desirable.
Baragully	„	The native drivers and muleteers, having not the authorized cubic space, are merely "hutted," as no buildings have been provided for them. This state of affairs has been brought forward several times without any apparent benefit.

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table XXVIII.

Stations.	Command.	Sanitary defects, improvements, suggestions, etc.
Baragally—*contd*	Punjab—*contd.*	*The District Principal Medical Officer* :—Proper accommodation for the native drivers should be provided. *The Lieutenant-General Commanding the Forces* :—An estimate amounting to R12,000 has been sanctioned for the provision of quarters for the drivers and followers, but funds have not yet been allotted.
Chitral	”	Malarial fever and dysentery were chiefly prevalent in the 39th Garhwal Rifles : the former disease was owing to the fact that the men were encamped in the vicinity of the rice-fields ; and the latter is attributable to the cold, to which the men were exposed in consequence of their location in camp. Pneumonia was principally among the men of the 29th Punjab Infantry, who lived in the barracks. The disease was due to the overcrowding and stuffiness of the barracks, and consequent liability to chills in the cold weather, the liability to chill being also increased by the distant position of the latrines. The 29th Punjab Infantry suffered most from scurvy, which was chiefly due to the lack of fresh vegetables ; but the disease was, no doubt, owing, to a great extent, to the overcrowding, bad lighting, and faulty ventilation of the barracks. Cerebro-spinal fever was entirely confined to the above regiment. The etiology of the disease is unknown ; but it seems that cold, damp, and overcrowding are the predisposing causes At one time, the issue of fresh goat-meat was suspected, but there is little proof that there was any connexion between this and the disease. The 32nd Pioneers have had a high average of daily sick : the general health of the regiment was considerably impaired by the march from Jhelum to Nowshera in September, under field service conditions. A large area covered with rice-cultivation in the vicinity of the fort, is probably responsible for a great deal of the malarial fever. There is but limited accommodation for the troops, and this will continue until the new fort is completed. During the severe cold with snow and frost, etc., it is thought better to keep the men in the barracks, in spite of the limited accommodation Steps are being taken to secure as efficient ventilation as possible. When weather permits, the overcrowding will be obviated by a certain number of men being put under canvas. The following suggestions are made for remedying the defects :—(1) The abolition of the rice-cultivation in the vicinity of the fort, and the substitution of some other kind of cultivation, not necessitating a large amount of, and continual, standing water. (2) The introduction of the “removal conservancy system” with movable latrines. (3) An increase in the accommodation, ——— this will be effected when the new fort is completed. The present barracks require better lighting, which could be done by putting in more windows, both on the side in which there are some at present, and at the back, —— this would not only secure more light, but also through ventilation would be obtainable. (4) The allowance of an extra blanket to all the followers for the months af December, January, and February. At this time of the year, dysentery is much more prevalent among the followers than among the fighting men because the former have less warm clothing. *The General Officer Commanding the District* :— The unavoidable crowding will be remedied as soon as the weather is milder, and the men can be moved into tents. By next winter, the new barracks will be completed. The present system of sanitation will shortly be altered, as the removable conservancy system has been sanctioned. The men have been receiving an extra issue of vegetables. Endeavours will be made to stop the cultivation of rice between Upper and Lower Drosh.
Miran Shah	”	The military post here is situated at an elevation of some 3,000 feet above the sea-level, and is about equi-distant between the head and mouth of the Tochi Valley. The rainfall of the district is very small, probably not more than 4 or 5 inches during the twelve months. Malarial fevers are endemic in the valley, and the people of the country are much afflicted with the ravages of this disease, even the infants and children showing chronic manifestation of it. Enlargement of the spleen and anæmic debility are common. These fevers reach epidemic proportions during the late summer and early autumn months ; and, commencing from June, go on increasing in number, month by month, until October, when they gradually decline. Dozens of the *anopheles* genus of both sexes may be caught in one's hut any time during the hot weather months ; and the larvæ of both the *anopheles* and *culex* varieties can be collected from the pools and the irrigation channels in proximity to the post. Respiratory diseases are more or less prevalent during the spring, autumn, and winter ; and are shown as laryngitis, tonsillitis, herpes labialis, bronchitis, and pneumonia. The last disease, which is particularly malignant, occurs even during midsummer, — two cases occurred in May and one in July this year. These complaints appear to be attributable to the high cold winds and accompanying dust-storms, which prevail at these seasons of the year, the dust probably being the germ-carrying agent. Dysentery of a gener-

STATIONS.	COMMANDS.	Sanitary defects, improvements, suggestions, etc.
Miran Shah—*contd.*	Punjab—*contd.*	ally mild character occurs throughout the year. Many cases are intimately connected with, and, it is presumed, are dependent upon, malarial causes.
Datta Khel	„	There was a marked increase in the amount of fever here, as also at most of the posts in the Tochi Valley, in the months of August and September. During these months, a prophylactic issue of 3 grains of quinine was made daily to every fighting man at the post. It is impossible, for want of data for comparison, to say whether the issue was beneficial or not. The sanitary condition was good; but the huts in which the men were housed are too small to give adequate cubic space for the six men living in each ; besides, they are so constructed as to be equally inefficient as a protection from the sun in the hot weather, and from the cold winds during the winter months.
Wana	„	The 4th Sikhs and the 5th Punjab Infantry were located here this year. The medical officer in charge of the former regiment reports :—"The lines and fort were situated in a stony plain, surrounded by hills at a distance of several miles The hospital accommodation is not sufficient. The number of admissions for ulcer is larger than that for any other disease, showing a total of as many as 134. Most of these have been of a "frontier sore" type, and were especially prevalent during the hot weather. The admissions for ague come next, with a total of 112. The disease has usually been of a mild type, in consequence of the climate having been very good even in the autumn months." The medical officer in charge of the 5th Punjab Infantry says :—"Influenza was prevalent here during the months of July and August ; and ague was prevalent throughout the year, and particularly so in the months of September and October, this being probably due to the fact that the rainfall during that time was exceptionally heavy for the locality, and also to the fact that the surface drainage in the immediate vicinity of the fort is deficient, as a result of which large quantities of water stagnated about for days. A prophylactic issue of quinine and arsenic was tried, but as it apparently had no appreciable effect in diminishing the amount of sickness, it was discontinued after a period of six weeks."
Keng Tung	Madras	The sickness during the year has been similar to that of previous years. The decrease in the average daily sick was due to the fact that a large number of men were kept permanently at the sanitarium during the unhealthy season. The cantonment is situated at the base of the hills in the corner of the valley, and the ground has been comparatively recently cleared of jungle. The barracks are built immediately on the ground, and the floors have not been bricked or cemented. The water is obtained from a stream, and is of good quality in the cold weather, but during the rains it becomes unfit for drinking, owing to contamination with the surface drainage. Ague, which was the chief cause of disease and mortality, is attributable to the above defects. The accommodation has been sufficient for the troops, but there is no place for storing the rations, which have consequently to be kept in the barracks. There are no means either of warming the barracks during the cold weather, or of preventing them from being damp and wet during the rains. The following measures are recommended :—That the site of the cantonment be entirely changed ; that *pucca* barracks with cemented brick floors be built ; that the jungle round the present cantonment be thoroughly cleared, unless it is decided to change the site. *The District Principal Medical Officer* :—As it is probable that the regiment will be removed from this station before very long, it appears unnecessary to urge that any of the works (each of which is expensive), which have been proposed, should be undertaken. The following requirements may be considered urgent :—(1) An improvement in the water-supply by the provision of wells. (2) The thorough clearing of the jungle round about the barracks. (3) The provision of a building to store rations in. (4) A more careful preparation of *atta*. *The General Officer Commanding the District* :—The Public Works Department has been requested to dig an experimental well. The existing barracks are to be repaired to accommodate a wing; and until the question of the retention of the troops at this station is finally settled, it seems undesirable to spend any further sum of money on the present cantonment.
Fort Stedman	„	The sickness this year has been greater than that of the last year, but the mortality has been smaller. The escorts on the journeys through the "*terai*" are responsible for a large amount of the sickness. Malarial fevers and bowel complaints, which were the chief causes of mortality, were owing to the men passing through the "*terai*" during the rains, and to the necessary keeping of escorts at the outposts ; to the liability of the men to catch chills ; and to the water, which, although good and abundant, becomes very muddy during the rains, and is liable to be contaminated

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table XLII.

STATIONS.	COMMAND.	Sanitary defects, improvements, suggestions, etc.
Fort Stedman—*contd.*	Madras—*contd.*	by the cattle resorting to the open stream from which it is taken, and by surface washings. The practice of sending men on escort duty should be avoided, as far as possible, during the rains. I is proposed to enclose small areas with a shed and a fence that the ground may be utilized in a dry state during the rainy season fo the reception of latrine matter in trenches of regulation dimensions *The District Principal Medical Officer* :—The journeys undertake and the escorts during the rainy season, are productive of muc of the sickness at this station, and therefore should be avoided a far as practicable. I approve of the proposal to cover the conservancy trenches. The water-supply is not, I think, capable o much improvement. *The General Officer Commanding the District* :—I have directe the officer commanding the Southern Shan States to make prope arrangements to carry out the proposal of the medical office by covering the conservancy trenches with sheds.
Belgam	"	Plague and chicken-pox were prevalent among the troops. Th former disease was imported from elsewhere at a time of the yea favourable to its spread amongst a population who had not bee rendered immune by inoculation. After a large proportion of th inhabitants was inoculated, the disease died out. The drainage o the *sadar* bazaar is very defective. Several old drains have bee repaired out of the sum of R1,200, that was allotted for the purpose A sum of R700 is also sanctioned for the formation of new gutter during the current year, and will be used, if funds permit. A difficulty often arises in the disposal of dry rubbish by burning it is proposed to obtain incinerators, as funds permit. Th overcrowding in the *sadar* bazaar will continue, as there is n money, owing to the cantonment fund being at present very low to give compensation for the houses that will have to be pulle down to remedy the defect. The undergrowth and a large numbe of trees that were "clumped" together, have been removed, an the work is still in progress.
Bellary	" "	It is only for the past two years that malarial fever has been mos prevalent at the station. In 1897 (the "famine" year), the prevalence of the disease was very slight, owing probably to the grea dryness of the soil,—the previous rainfall having been ver scanty. In the 9th Madras Infantry there have been severa cases of, and deaths from, a severe type of malarial fever. Th lines are situated on, and surrounded by, black cotton-soil, an the men have been exposed to malarial influences for the pas two years. The lines of the 1st Madras Lancers are situated o higher ground, and built mostly on firm rocky soil. This regiment has been the most healthy corps in the station. Fevers wer chiefly due to climatic influences. It has been observed during th past two years that the prevalence of fevers increases in the station soon after the rains, and continues till February or March The increase of the prevalence during the cold weather might, i a large proportion of the cases, be attributed to cold and chill after exertion, which are the common exciting causes in persons wh have been previously affected by malaria. There has been som overcrowding in the bachelors' blocks of the 9th Madras Infantry Under regulation, each block is to accommodate 32 men only, bu the average number of men occupying each is 44. Additiona blocks are therefore being constructed. The huts occupied by th married men (with their families) of the 9th Madras Infantry, ar very old and in a dilapidated condition, with indifferent ventilatio and drainage. These conditions probably favour, to some extent the prevalence of sickness among the men, women, and childre of the regiment. New blocks for the married men are under construction according to the standard plan. In the native troo lines, the drainage would be greatly improved, if saucer-shape masonry drains communicating with the blocks were constructe to run along the roads and into catch-pits. *The District Principal Medical Officer* :—The huts in the lines a present occupied by the 9th Madras Infantry, are in a very unsatisfactory state, and should be replaced by new ones. Th drains also require to be reconstructed.
Maymyo	"	There was an increase chiefly in the admissions for ague and syphilis, both of which were probably contracted while the men wer down in the plains. But ague, which prevailed all the year roun is also attributable, to some extent, to the existence of severa marshes round the station, all of which require to be draine There is still much to be done, as regards drainage, both withi and outside the cantonment limits. On the completion of th project (at present in hand) for housing the 10th Madras Infantr all the troops will have the full authorized cubic space. *The District Principal Medical Officer* :—The sanitary conditio and arrangements of the adjoining large bazaar and the civil portio of the station generally, require closer supervision and care. Th latrine-system of the bazaar is very defective. If a disease is s up in the bazaar and civil limits, it is pretty sure to extend to th cantonment; and therefore the sanitation of the bazaar is a matt of much importance to the cantonment authorities.

STATIONS.	COMMANDS.	Sanitary defects, improvements, suggestions, etc.
Vellore	Madras—*contd.*	No Sanitary Report.
Sadra	,,	A detachment of the 5th Bombay Infantry, which arrived from Ahmedabad, was badly affected with ague during April, May, and June. In November and December, there was a very great prevalence and wide spread of malarial fever, respiratory affections, and dysentery at the station and the surrounding villages; but the men of the detachment suffered proportionately much less than the rest of the population. It is very desirable that there should be twenty-five more huts; but the slight overcrowding had not the least bad effect on the health of the troops.
Sirdarpore	,,	There has been no unusual sickness this year. Ague, which was the most prevalent disease, was due chiefly to climatic causes, and, to a certain extent, to personal carelessness in the matter of clothing and exposure. The water-supply, which is obtained from wells and from the river, is in ordinary years quite sufficient; and specimens from all these sources have been reported on as potable. So far as the wells are concerned, precautions are taken which render pollution a remote danger. But the river is open to unavoidable pollution; and it, owing to the failure in the rains, the wells having been nearly all dried up, is almost the only source from which to obtain water. So long as in years of water-scarcity the sepoys and others are dependent on the river for their water-supply, the danger of serious epidemics breaking out must always exist. At the present time, the water in the wells is at a very low ebb, and some of the wells are practically dry. It is thought absolutely necessary, that a pure and continuous source of water-supply should be available for all classes of people. This matter was urged long ago, and certain recommendations were made with a view to bring in pure water by pipes from the "Bhopawar springs." Plans and estimates of the scheme were sent in, and, it is understood, that sanction has been granted. The work should be taken in hand *at once,* — this being the only measure that is urgently required before all others. *The Officer Commanding the Malwa Bhil Corps at Sirdarpore:*— I agree with the above remarks. The river water, which is practically all we have to depend upon for the people of the regiment, and of the bazaar and the village, is visibly diminishing; and the wells having been almost all dry, I doubt whether this water will last till the next rains. Also, the water is becoming impure and dirty. I understand that the provision of ways and means is all that now delays the commencement of the scheme proposed. *The District Principal Medical Officer:*—I have fully entered into the question of the water-supply at this station in former reports, and I consider it as one of urgent necessity. I understand that the estimated cost (R 11,000) has been, or is about to be, sanctioned. A further improvement in the latrine-system should be made by the introduction of the "movable conservancy system." *The General Officer Commanding the District:*—The proposal for the new system of conservancy has been forwarded to the Command Head-quarters. The civil authorities are considering the possibility of adopting a new scheme for a better water-supply.
Indore	,,	There was no unusual sickness at the station. *The District Principal Medical Officer:*—The improvement of the surface drains at the barracks and hospitals, and the construction of "new pattern" latrines in the native infantry lines are required. The well-water should be raised by means of a pump, and treated, before use, first with alum, and then with permanganate of potassium. I may remark that since the above system has been introduced at Neemuch, the health of the troops at the station has been vastly improved.
Sambalpur	,,	There has been no unusual sickness among the troops, although the year was of an epidemic kind in the station. The tract of jungle all round, as well as the surrounding rice-fields—the district being a rice-growing one—gives rise to malarial fever, which affects the population mostly. The Sub-Divisional Officer, Public Works Department, has been requested to prepare an estimate for the construction of a masonry cess-pool at the end of the main out-let drain. The dirty water will then be removed to a distance by the sweepers.
Raipore	Bombay	There was no unusual sickness during the year, as compared with other years. The drying up of the ground at the termination of the rains, seems to have caused all the extra prevalence of fever.
Bombay	,,	A few cases of plague occurred amongst the natives during the year, but they were very few, as compared with those of former years. Venereal disease was due to the usual causes, and ague to the malarious nature of the climate of Bombay. The malarial fever in the 21st Bombay Infantry was, to a certain extent, due to climatic conditions, and was perhaps connected with abundance

TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS.

The ratios of sickness and mortality will be found in Table XXVIII.

STATIONS.	COMMAND.	Sanitary defects, improvements, suggestions, etc.
Bombay—*contd*	Bombay—*contd.* . . .	of mosquitoes. Some of the malarial fever cases in the above regiment were also imported from the Persian Gulf. Dysentery, which was prevalent in the 2nd Bombay Grenadiers, was owing to cold and insufficient blankets at night; and also to the water at Santa Cruz, which has been reported, after chemical analysis, as unfit for drinking purposes. Scurvy, which was also among the men of the above regiment, is attributable to the scarcity of vegetables. The water is supplied from a filter-tank, which is filled from the Tulsi lake. The health-officer reports that as the filtered water is not sufficient, unfiltered water is added to the filtered water, and thus the beneficial effect of filtration is destroyed. The water in the filter-tank is also apt to be contaminated by the growth of vegetable matter. The water at Santa Cruz should be filtered before being supplied to the commissariat department, where it should again be filtered as well as boiled, to make it fit for use by the troops. *The District Principal Medical Officer:*—The lines of the 2nd Bombay Grenadiers are old and insanitary, and the only measure to remedy the defect is to vacate them. The men cannot be healthy in such a position, and it is sure to keep them in a bad state of health, especially when it is considered that the barracks are almost completely surrounded by unhealthy sites,—on one side and within a few yards there is the nightsoil depository, on another the Crawford market, and on a third an overcrowded and filthy native lodging-house: all this tends to render the atmosphere impure, both in the lines and their vicinity. The lines generally are good, clean, and sanitary. The slight overcrowding in the recruits' quarters should be remedied at once, as young soldiers are liable to contract phthisis under such conditions. *The Lieutenant-General Commanding the Forces:*—The defects noted above are being attended to, so far as the military authorities can act.
Mir Ali Khel	"	No Sanitary Report.
Fort Sandeman	"	Pneumonia was unusually prevalent during the early months of the year. The 5th Bombay Cavalry shows a higher percentage of attacks than the 17th Bombay Cavalry, notwithstanding the fact that the latter regiment was mostly composed of Mahrattas, who used to bathe daily in the open. Again, the cases of pneumonia in the cavalry lines were almost, without exception, among the men of the Pathan and Derajat squadrons, who occupied the old cavalry lines, where the floor-space is about half of what is laid down in the regulations, and so were exposed to the effects of inadequate barrack accommodation; while on the other hand, the Sikh squadron of the regiment, which was quartered in new, commodious, and well-ventilated barracks, was almost free from pneumonia. The prevalence of pulmonary diseases seems to be due to the cold, on account of the biting wind during January and February, from which the men have no protection, while performing their ablutions; and to the inadequate accommodation above referred to, — a state of things brought about by the diminution in the number of outposts. The accommodation for the native troops and the followers of the native cavalry is exceedingly overcrowded: the deficiency of space amounts to upwards of 13,000 square feet. The followers have no accommodation at all, and consequently, they have to remain herded together at night with the *sowars*. An estimate has been submitted, providing for the remedy of these deficiencies. The floors of the urinaries in the native infantry lines being of earth, get saturated with urine, and therefore have to be dug up periodically. All kinds of articles of food for the native troops are dear, and vegetables usually scarce.
Fort Sandeman	" . . .	The bathing places for the native troops are quite unprotected from the weather. This has been represented. It is understood that a project has been put forward for properly constructed hospitals and for more accommodation for the sowars in the cavalry lines both of which are badly needed. The urinaries in the native infantry lines should have proper flows, and the bathing places should be protected from the weather. *The General Officer Commanding the District:*—The provision of a shelter for bathing places, of hospital accommodation, and of additional accommodation in the cavalry lines, is under consideration. The condition of the flooring of the urinaries will be brought to the notice of the Commanding Royal Engineer, Quetta District.
Murgha	"	No Sanitary Report.
Loralai	"	There has been no unusual sickness, as compared with previous years. Malarial fever and dysentry, which were the most prevalent diseases, were probably due to climatic causes, and not to any insanitary conditions. The water-supply is deficient in quantity. The water is obtained from wells, which have been dry during the past few months, and from an open *karez*, which is open to contamination. The troops have at all times been properly accommodated; but there are no quarters for the followers of the cavalry,

STATIONS.	COMMANDS.	Sanitary defects, improvements, suggestions, etc.
Loralai—*contd.*	Bombay—*contd.*	—which in this climate is a serious defect. A scheme for a pipe water-supply is under consideration. A specimen of the water has been sent for bacteriological examination, but the result has not yet been published. The question of the accommodation for the cavalry-followers is under consideration. *The General Officer Commanding the District.*—Improvement in the water-supply and the provision of accommodation for the cavalry-followers, as well as of increased accommodation for officers and the regular troops, are the chief needs. Action has been taken on all of them, and it is hoped that they will be partially, if not wholly, remedied during the ensuing financial year.
Quetta	,,	The sickness among the native troops was due to climatic causes, but, on the whole, there has been no unusual sickness at the station during the year. The supply of both the drinking and irrigation water was deficient on account of the dry winter in 1898-99. The recommendations of the special committee, assembled in 1898 to inquire into the sanitary condition of the station, have not yet been fully carried out, presumably on account of want of funds, as detailed estimates were sent in some time ago. A tramway up to Sahibzada is urgently required. An increased supply of drinking water is most essential, as the present supply is scanty and non-continuous. Arrangements for an increased supply of irrigation-water are in progress. *The District Principal Medical Officer.*—A new 7-inch pipe from the Urak water-supply is most desirable. This, I understand, is under consideration at head-quarters. A cart-road up to Sahibzada, to enable the filth-carts to get there during the wet weather, is indispensable. *The General Officer Commanding the District.*—The most pressing needs are :—(1) means to convey the filth to Sahibzada. (2) An additional water-supply. (3) The removal of the native cavalry lines from the present site. (4) The reduction of the crowded state of the buildings in the royal artillery lines. (5) The introduction of a good dairy in the place of the objectionable "*Gwal Mandi*."
Peshin	,,	The water, which is of inferior quality, is undoubtedly the chief cause of the prevalence of malarial fever and diseases of the digestive system, including diarrhœa and dysentery. It is carried in an open channel for several miles, and is liable to contamination at any point. It is a "permanently hard" water ; besides, it is not satisfactorily purified by the settling and filtering tanks. The present water-supply should be discontinued, if possible, and artesian wells substituted. The other alternative would be to reconstruct the present settling and filtering tanks to meet the ordinary requirements of sanitation. The barracks and all other buildings should be erected on permanent masonry plinths, 3 feet high. If this is considered impossible, the present mud-flooring of all the barracks, hospitals, etc., should be paved with brick and cement. All the channels for water, tanks, and other receptacles should have permanent brick-and-cement sides and flooring. *The General Officer Commanding the District.*—Peshin is the most unhealthy station in the district, owing probably, to a great extent, to the bad water-supply. An attempt to obtain water from artesian wells was made, but failed. The introduction of a pipe water-supply would cost about R1,00,000. The local government has now sanctioned the proposal that the garrison of Peshin shall move to Shelabagh during the summer months, and this will be a great advantage. The Commanding Royal Engineer, Quetta District, will be addressed regarding the settling and filtering tanks, the flooring of the barracks, and the drainage.
Shelabagh	,,	No Sanitary Report.
Chabbar	,,	No Sanitary Report.
Bushire	,,	No Sanitary Report.
Perim	,,	No Sanitary Report.
Ellichpur	Hyderabad Contingent	There has been no unusual sickness, as compared with other years. Malarial fever, which was the most prevalent disease, was due to the proximity of the sub-soil water to the surface of the ground, and, in all probability, to the fact that Ellichpur is in the vicinity of the *Melghât*. Every care has been taken to keep the station clear of rank vegetation, and of superabundant foliage. The water-supply is obtained from wells, which are not properly conserved ; and, no doubt, some contamination occurs by the washing at the side. A drainage system is under consideration of the municipality, and should soon be an accomplished fact. *The General Officer Commanding the District.*—The drainage requires attention, and drains are being introduced. At my last inspection of the regiment, I directed the officer commanding at the station to apply for covers to all the open wells that are used for drinking purposes, and drew his attention to the advisability of stopping all the washing near such wells.

TABLE XXXI.

INFLUENZA by months, stations, groups, and commands.

Stations and Groups.*	Admissions from Influenza in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Fort Stedman	1	...	...	...	...	...	...	...	...	...	...	...	1
Meiktila	6	...	...	...	...	...	...	1	...	3	...	...	10
Group II.—Burma Inland	7	...	...	...	...	...	...	1	...	3	...	...	11
Manipur	...	...	...	...	...	...	...	7	1	...	...	...	8
Silchar	...	30	5	...	...	...	...	...	...	...	...	...	35
Group III.—Assam	...	30	5	...	...	...	...	7	1	...	...	...	43
Fyzabad	...	...	...	...	...	...	...	...	...	...	1	...	1
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	...	...	...	1	...	1
A													
Bareilly	...	...	...	...	1	...	...	...	...	...	...	...	1
Dehra Dun	...	...	...	1	1	...	...	...	...	...	...	...	2
B													
Meean Meer	...	...	...	3	4	1	...	...	...	...	...	...	8
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	...	...	...	4	6	1	...	...	...	...	...	...	11
A													
Murdan	...	...	1	...	...	...	...	...	...	...	...	...	1
Nowshera	...	1	...	...	...	...	...	...	...	...	...	...	1
Peshawar	...	...	...	...	87	130	67	...	...	...	...	...	284
C													
Kurrachee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	...	1	1	...	87	130	67	...	...	...	...	...	286
A													
Bhuj	...	...	4	...	...	...	...	...	...	...	...	...	4
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	...	...	4	...	...	...	...	...	...	...	...	...	4
A													
Saugor	...	...	14	6	...	...	...	...	...	...	...	...	20
Kamptee	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Ellichpur	...	...	8	11	...	...	...	...	...	...	...	...	19
Ahmednagar	...	...	2	...	...	...	...	...	...	...	...	...	2
Bolarum	...	5	21	5	...	...	...	...	...	...	9	3	43
Secunderabad	...	...	14	15	10	10	9	5	5	2	8	2	80
Poona	...	1	...	...	...	...	...	...	...	...	...	...	1
Kirkee	...	15	4	...	...	...	...	...	...	...	...	...	19
Group IX.—Deccan	...	21	63	37	10	10	9	5	5	2	17	5	184
Bombay	...	...	1	1	...	...	...	...	...	...	...	...	2
Group X.—Western Coast	...	...	1	1	...	...	...	...	...	...	...	...	2

TABLE XXXII.

CHOLERA by months, stations, groups, and commands.

Stations and Groups.*	Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Fort Stedman	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	...	...	...	...	...	...	...	...	...	...	...
Manipur	...	...	...	...	...	...	...	...	...	...	...	...	...
Silchar	...	...	...	...	...	...	...	...	...	...	...	...	...
Group III.—Assam	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Bareilly	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	...	...	...	...	...	1	...	...	...	...	...	...	1
B													
Meean Meer	...	...	1	...	...	...	...	35	1	...	...	...	37
Sialkot	...	...	...	...	...	...	1	...	...	...	...	...	1
Group VI.—Upper Sub-Himalaya	...	...	1	...	...	1	1	35	1	...	...	...	39
A													
Murdan	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Kurrachee	...	...	...	...	...	...	1	...	...	...	...	...	1
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	...	...	...	...	...	...	1	...	...	...	...	...	1
A													
Bhuj	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VIII.—South-Eastern Rajputana, Central India, and Gujarat	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	...	...	...	...	...	...	...	...	1	1	...	...	2
B													
Ellichpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolarum	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	...	...	...	...	...	...	...	...	1	1	...	...	2
Bombay	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS, GROUPS, AND COMMANDS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	3	10	...	...	...	...	...	...	...	...	...	...	13
Vellore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	..	...	1
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	...	...	3	10	1	...	...	...	...	...	...	...	...	...	14
Maymyo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Dharmsala	...	35	14	4	...	...	...	...	...	...	...	...	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Bakloh	...	44	37	18	2	...	...	...	...	...	...	...	101	...	...	...	...	...	...	...	...	...	...	...	...	...
Gilgit	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Sarwekai	...	...	...	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Wana	...	...	...	...	...	...	170	42	...	...	...	...	212	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	...	79	51	22	2	...	170	42	...	...	...	4	370	...	...	1	...	...	...	...	...	...	1	...	...	2
Marching in Bengal	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	35	17	2	...	54
,, Punjab	...	14	23	...	...	...	...	...		...	...	...	37	...	...	...	...	..	...	...	8	...	...	...	...	8
,, Madras	...	...	...	...	...	...	...	...	...		...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2
Khyber Force	...	...	...	...	550	63	...	...	...	...	...	...	613	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat-Kurram Force	...	...	...	...	...	...	8	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	1	...	...	1
Chabbar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Jask	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	...	...	...
Mauritius	...	...	...	...	...	6	2	6	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	7	145	149	65	655	210	256	61	6	5	18	9	1,586	3	11	3	1	...	1	2	43	37	21	2	...	124
BENGAL	...	30	20	7	2	...	...	7	1	...	1	...	68	...	...	...	...	...	1	...	...	35	17	2	...	55
PUNJAB	...	94	75	25	643	194	245	42	...	...	...	4	1,322	...	...	2	...	...	...	1	43	1	1	...	...	48
MADRAS	7	...	14	15	10	10	9	6	5	5	8	2	91	3	11	1	1	...	...	...	...	...	1	...	...	17
BOMBAY	...	16	11	2	...	...	...	...	...	...	...	...	29	...	...	...	...	...	...	1	...	1	2	...	...	4
HYDERABAD CONTINGENT	...	5	29	16	...	...	...	...	...	...	9	3	62	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and commands.

TABLE XXXIV.

SIMPLE CONTINUED FEVER by months, stations, groups, and commands.

Stations and Groups.*	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Rangoon	...	...	...	...	...	...	...	...	...	...	...	...	...	2	11	3	1	4	1	1	...	...	...	4	2	29
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	...	...	...	...	...	...	...	...	2	11	3	1	4	1	1	...	...	...	4	2	29
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	1	...	...	6	3	...	...	10
Group II.—Burma Inland	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6	3	...	...	10
Manipur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Group III.—Assam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2
Alipore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
B																										
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
Allahabad	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	2	1	...	...	...	...	...	5
Cawnpore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	45	2	...	...	50
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	2	1	3	45	2	...	...	57
A																										
Dehra Dun	...	...	2	1	...	...	...	...	...	...	...	...	3	...	1	...	1	...	1	6	...	...	...	...	1	10
B																										
Jullundur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Amritsar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Rawalpindi	1	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	1	...	2	1	1	...	...	...	...	...	...	...	5	...	1	...	1	1	2	6	...	...	1	...	1	13
A																										
Kohat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	17	12	...	...	...	...	...	34
Edwardesabad	...	...	...	...	1	...	...	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Idak	...	...	...	...	...	1	...	...	...	...	...	1	2	...	...	...	...	5	...	...	...	...	...	...	...	5
C																										
Hyderabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2
Group VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana	...	...	...	...	1	1	...	2	...	...	...	1	5	...	...	...	...	11	18	12	...	...	...	...	...	41
A																										
Bhuj	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	2
Ahmedabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Baroda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	7	4	...	1	...	...	2	3	18
B																										
Kherwara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	5	3	4	3	1	1	...	...	22
Erinpura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Neemuch	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	4	1	1	...	1	1	...	...	...	18
Deoli	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Ajmer	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Goona	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	3
Agar	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	2
Sehore	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Mhow	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2
Group VIII.—South-Eastern Rajputana, Central India and Gujarat	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	12	8	13	9	6	7	3	2	2	3	72

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* Stations where neither Enteric nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.

Stations, Groups, and Commands.	Admissions from Enteric Fever in each month.													Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Assirgarh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	2
Saugor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2
Sitabaldi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	2	...	...	7
B																										
Ellichpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Hirgoli	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	2	5	3	...	18
Ahmednagar	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	3	...	...	...	1	...	...	...	8
Mominabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Bolarum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3	...	1	...	1	...	...	...	...	8
Belgam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	...	...	1	1	1	...	...	8
Poona	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	1	1	3	4	5	4	1	23
Sirur	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	1	...	...	...	...	...	...	...	...	...	...	...	1	4	5	2	10	5	2	3	13	12	15	7	1	79
Bombay	...	...	...	1	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	1	...	...	...	...	6
Cannanore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	...	...	...	2	1	6	3	16
Quilon	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Group X.—Western Coast	...	...	...	1	...	...	...	...	...	...	...	...	1	7	1	...	...	3	...	...	1	2	1	6	3	24
A																										
Bangalore	...	1	...	...	...	...	...	...	...	...	...	...	1	...	2	1	...	...	...	1	1	1	7	1	...	14
B																										
Trichinopoly	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	1	...	...	...	1	...	1	...	7
St. Thomas' Mount	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	4	7	2	2	1	2	4	5	3	34
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	11	9	2	4	8	2	4	9	...	9	2	1	61
C																										
Vizianagram	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
Berhampur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	2	...	...	5
Group XI.—Southern India	...	1	...	...	...	...	...	...	...	...	...	...	1	13	12	7	9	17	4	9	11	4	22	11	5	124
Kohima	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Lansdowne	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Kila Drosh	...	...	...	1	1	...	...	1	...	...	...	...	3	...	...	1	...	2	1	1	...	...	...	...	...	5
Abbottabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Datta Khel	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Mir Ali Khel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Quetta	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	1	...	2
Peshin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
Group XII.—Hill Stations	...	...	1	1	2	...	...	1	...	...	...	...	5	1	1	2	2	4	1	2	..	...	...	1	2	16
Marching, in Punjab	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
,, Madras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Malakand Force	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Kohat-Kurram Force	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4
Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	7	1	2	...	...	...	1	1	...	15
Khormaksar	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	1	2	...	...	...	...	...	1	1	9
Sheikh Othman	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	2	5
Perim	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	4
INDIA	2	1	3	3	4	1	...	3	...	...	...	1	18	35	39	35	40	68	42	40	36	72	48	33	20	508
Bengal	...	...	2	1	...	...	...	...	...	...	...	...	3	4	5	3	4	1	4	7	5	46	2	...	1	82
Punjab	1	...	1	1	3	1	...	3	...	...	...	1	11	1	...	2	...	19	19	13	...	...	1	...	...	55
Madras	1	...	...	...	...	...	...	...	...	...	...	...	1	18	26	11	15	26	7	10	14	13	27	21	10	198
Bombay	...	1	...	1	1	...	...	...	...	...	...	...	3	12	6	19	21	22	12	8	11	11	12	9	9	152
Hyderabad Contingent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	2	6	2	6	3	...	21

TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and commands.

STATIONS.* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	1	6	5	3	6	16	11	6	...	7	15	20	96
Rangoon	25	15	19	9	15	27	26	16	19	26	29	42	268
GROUP I.—BURMA COAST AND BAY ISLANDS	26	21	24	12	21	43	37	22	19	33	44	62	364
Thayetmyo	...	...	...	...	1	...	...	7	1	...	...	...	9
Loikaw	17	...	...	1	...	2	3	7	20	56	33	6	145
Keng Tung	68	43	27	12	24	56	113	136	72	78	40	25	694
Fort Stedman	32	8	14	3	24	17	34	59	47	85	61	20	404
Thamakan	...	2	...	6	1	1	...	...	1	...	...	...	11
Meiktila	1	4	1	...	6	8	4	4	2	10	9	3	52
Fort Dufferin	32	111	13	4	5	11	12	21	19	74	91	30	423
Thabeitkyin	1	...	1	1	...	...	...	...	...	...	...	...	3
Bhamo	12	10	9	7	17	33	47	48	35	48	21	45	332
GROUP II.—BURMA INLAND	163	178	65	34	78	128	213	282	197	351	255	129	2,073
Manipur	4	29	15	17	11	17	20	25	15	26	13	16	208
Sadiya	6	2	4	6	11	4	...	7	5	6	10	6	67
Dibrugarh	4	...	...	1	6	6	7	4	10	32	19	4	93
Silchar	11	7	5	1	13	3	5	8	1	4	4	5	67
GROUP III.—ASSAM	25	38	24	25	41	30	32	44	31	68		31	435
Fort William	55	14	14	20	16	10	28	61	69	157	271	158	873
Alipore	55	7	9	5	6	16	16	118	194	362	433	313	1,534
Ballygunge	...	1	...	...	...	...	...	...	...	...	...	...	1
Dum Dum	...	...	1	...	...	...	4	5	4	16	19	2	51
Barrackpore	44	20	20	10	10	21	40	85	142	62	8	5	467
Buxa	4	2	5	12	14	5	10	12	22	37	30	6	159
Cuttack	...	1	...	...	...	...	1	...	1	...	...	2	5
GROUP IV.—BENGAL AND ORISSA	158	45	49	47	46	52	99	281	432	634	761	486	3,090
A													
Doranda	3	...	...	...	...	...	8	15	5	10	4	1	46
B													
Dinapore	4	4	3	10	10	12	15	21	12	14	8	4	117
Benares	10	3	2	2	6	6	11	47	36	31	15	4	173
Allahabad	6	5	8	4	5	5	3	18	15	61	22	13	165
Fyzabad	5	3	6	4	11	7	8	15	9	9	12	3	92
Lucknow	6	14	16	16	13	12	11	20	20	35	37	20	220
Cawnpore	6	3	4	4	5	1	1	28	48	29	6	10	145
Fatehgarh	5	...	...	3	6	...	1	3	3	1	2	...	24
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	45	32	39	43	56	43	58	167	148	190	106	55	982
A													
Bareilly	6	6	17	16	20	10	6	17	22	29	22	20	191
Roorkee	2	1	1	6	6	3	2	5	7	...	2	1	36
Dehra Dun	4	9	8	25	22	9	12	26	121	63	16	11	326
Meerut	12	9	11	16	12	5	8	46	17	15	2	4	157
Delhi	4	1	1	7	16	10	24	76	37	84	37	10	307
Umballa	4	5	2	...	6	3	3	10	5	6	7	3	54
B													
Ludhiana	...	...	1	...	...	1	...	1	2	1	3	...	9
Jullundur	3	13	5	4	5	4	2	2	12	22	4	6	82
Ferozepore	16	22	17	16	18	13	31	50	153	171	28	15	550
Meean Meer	40	19	24	20	33	11	31	18	13	30	42	15	296
Amritsar	2	...	1	...	1	1	2	2	...	2	1	...	12
Sialkot	10	7	19	7	19	20	20	12	45	30	7	5	201
Jhelum	7	6	5	8	5	7	6	5	7	4	3	4	67
Rawalpindi	31	9	13	9	20	23	7	25	23	35	16	13	224
Attock	2	3	...	...	...	...	1	...	1	1	1	2	11
GROUP VI.—UPPER SUB-HIMALAYA	143	110	125	134	183	120	155	295	465	493	191	109	2,523

TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and commands.

STATIONS.* AND GROUPS.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	1	1
Rangoon	...	6	...	2	3	5	1	2	1	1	...	1	22
GROUP I.—BURMA COAST AND BAY ISLANDS	...	6	...	2	3	5	1	2	1	1	...	2	23
Thayetmyo	...	...	...	...	...	...	...	...	...	...	...	...	...
Loikaw	...	...	...	...	...	...	...	...	1	2	...	...	3
Keng Tung	...	...	2	1	...	...	...	6	...	...	...	...	9
Fort Stedman	1	...	...	...	2	2	2	1	2	1	...	...	11
Thamakan	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	2	1	1	...	1	1	...	...	6
Fort Dufferin	...	1	...	...	2	...	1	...	4	4	...	2	14
Thabeitkyin	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	1	1	2	1	6	3	4	7	8	8	...	2	43
Manipur	...	5	1	...	2	1	3	...	6	3	1	1	23
Sadiya	...	2	...	...	...	...	...	2	2	...	...	...	6
Dibrugarh	...	...	...	...	...	1	...	...	...	...	...	...	1
Silchar	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM	...	7	1	...	2	2	3	2	8	3	1	1	30
Fort William	...	...	...	...	...	...	...	...	1	...	...	...	1
Alipore	...	...	...	2	1	...	...	...	...	...	...	1	4
Ballygunge	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum Dum	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	...	...	...	...	4	...	...	...	...	...	...	...	4
Buxa	1	...	1	4	1	4	4	...	3	...	1	7	26
Cuttack	...	...	...	...	...	...	...	..	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA	1	...	1	6	6	4	4	...	4	...	1	8	35
A													
Doranda	...	...	...	...	...	...	1	...	...	...	...	...	1
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad	...	...	...	...	...	...	...	...	2	2	2	1	7
Fyzabad	...	...	1	1	2	...	...	6	21	14	2	...	47
Lucknow	...	...	2	1	2	1	2	2	...	...	2	...	12
Cawnpore	2	5	2	1	3	7	6	5	1	4	1	1	38
Fatehgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	2	5	5	3	7	8	9	13	24	20	7	2	105
A													
Bareilly	...	1	4	15	4	1	1	7	1	2	4	5	45
Roorkee	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	...	...	1	...	1	1	1	...	...	1	...	...	5
Meerut	3	1	1	1	3	...	...	...	...	2	...	1	12
Delhi	...	...	...	...	...	...	...	6	5	1	...	...	12
Umballa	...	3	2	4	4	4	1	7	...	...	4	1	30
B													
Ludhiana	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	...	2	...	...	1	...	...	...	...	...	1	...	4
Ferozepore	4	1	2	1	4	5	1	4	...	...	...	...	22
Meean Meer	7	2	2	3	3	1	4	...	...	4	...	1	27
Amritsar	...	...	...	...	...	1	...	...	...	...	...	...	1
Sialkot	...	...	1	2	8	9	...	6	6	6	4	4	46
Jhelum	...	...	4	4	2	3	1	3	6	6	3	1	33
Rawalpindi	2	...	3	2	4	7	13	44	7	15	8	10	115
Attock	...	...	...	1	...	...	...	...	...	1	...	...	2
GROUP VI.—UPPER SUB-HIMALAYA	16	10	20	33	34	32	22	77	25	38	24	23	354

* Stations where neither Intermittent nor Remittent Fever occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Mardan	6	5	4	8	2	3	4	1	4	41	22	9	109	1	...	...	1	3	2	1	...	...	5	1	...	14
Nowshera	4	4	2	4	3	1	5	5	2	3	...	1	34	2	3	1	2	3	...	26	4	5	1	...	1	48
Peshawar	114	32	38	38	86	71	96	144	100	193	98	31	1,041	7	...	3	6	20	17	54	42	21	10	6	2	188
Fort Jamrud	6	1	1	...	...	4	4	1	2	2	1	5	27	...	...	...	...	...	...	...	2	1	...	...	...	3
Kohat	75	43	25	33	64	81	61	97	50	257	148	58	992	1	1	1	2	5	3	3	24	3	19	9	8	79
Usterzai	...	...	...	...	...	2	1	...	9	4	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahadur Khel	1	...	...	...	2	2	...	2	3	6	3	1	20	...	1	...	...	...	1	...	1	...	...	...	...	3
Edwardesabad	28	23	27	34	54	53	43	45	52	142	120	104	725	9	1	3	3	8	13	13	13	14	20	7	4	108
Jani Khel	3	2	...	...	2	1	...	...	2	7	...	2	19	...	...	...	...	...	...	...	1	...	...	...	1	2
Dera Ismail Khan	34	25	8	17	26	25	18	18	25	104	60	26	386	...	...	1	2	5	2	2	3	1	...	...	1	17
Tank, Jatta, and Draband.	5	4	1	3	4	2	5	...	1	7	6	9	47	2	...	...	1	...	1	...	1	...	...	...	...	5
Mangrota	1	...	1	...	...	...	2	...	...	...	2	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ghazi Khan	3	...	...	8	4	4	4	17	34	20	9	4	107	...	1	...	1	2	3	...	1	...	1	...	...	9
Mooltan	35	25	9	13	31	20	13	30	22	26	10	11	245	...	...	1	...	...	...	...	2	1	1	...	...	5
Sadda	2	4	1	1	4	2	7	12	1	1	1	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...
Bikaner	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Idak	7	4	4	3	8	2	5	1	2	4	3	5	48	...	...	...	1	...	4	4	4	4	4	1	...	22
Khajuri	1	1	...	2	2	...	...	...	...	...	...	1	7	...	...	...	...	1	...	...	...	...	1	...	...	2
Saidgi	8	19	7	2	9	1	2	2	...	14	6	4	74	...	2	...	...	...	1	...	1	...	...	...	...	4
Jandola	6	11	5	3	6	10	3	1	7	14	20	12	98	...	...	...	...	...	...	...	...	...	...	...	...	...
Khajuri Kach	...	...	...	2	3	6	1	1	2	2	1	3	21	...	...	...	...	...	...	...	...	...	1	...	1	2
Sibi	6	1	2	1	2	1	1	2	...	10	2	3	31	...	...	...	...	...	...	...	...	1	2	...	1	4
C																										
Jacobabad	16	6	1	4	3	4	1	3	4	14	14	6	76	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad	11	12	7	2	8	4	3	9	3	10	7	16	92	8	...	...	1	1	...	...	...	...	...	...	...	10
Kurrachee	26	9	9	4	20	6	1	2	26	117	36	11	267	1	...	...	...	3	1	1	...	...	...	...	...	6
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	399	232	152	182	343	305	280	393	351	998	569	323	4,527	31	9	10	20	51	48	104	99	51	65	24	19	531
A																										
Bhuj	...	...	...	...	...	5	9	5	2	7	3	6	37	...	...	...	...	...	...	...	2	...	...	1	...	3
Rajkot	7	5	9	6	8	15	17	8	8	32	34	29	178	...	...	...	1	...	...	1	...	...	...	...	1	3
Deesa	14	28	16	9	2	1	5	19	6	9	10	12	131	...	...	...	1	...	1	...	...	...	...	...	1	3
Sadra	...	...	...	4	6	3	1	3	5	6	3	1	32	...	...	...	...	1	...	...	...	...	...	1	1	3
Ahmedabad	8	5	5	...	2	7	5	3	17	20	8	6	86	...	...	...	...	...	...	...	...	...	1	2	...	3
Baroda	12	5	3	9	37	23	14	8	11	39	19	11	191	1	...	1	1	5	1	2	4	2	...	1	2	20
B																										
Sirdarpore	4	5	2	3	2	6	3	5	4	5	4	2	45	1	3	2	...	2	2	1	1	...	1	1	1	15
Jhabwa	...	1	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara	1	1	...	...	...	...	...	...	...	1	1	1	5	...	...	...	...	...	...	...	...	...	...	...	1	1
Kotra	...	2	...	...	3	...	1	...	1	3	1	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Udaipur	...	...	...	1	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	5	1	3	2	2	1	4	2	...	4	2	1	27	1	...	...	...	...	...	...	1	...	...	...	...	2
Neemuch	4	3	23	4	1	...	2	8	3	3	6	4	61	...	...	...	...	...	...	...	1	2	...	...	...	3
Deoli	7	3	6	7	4	...	1	10	7	8	22	4	79	1	...	1	...	...	...	...	2	...	...	...	1	5
Beawar	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad	6	5	9	6	10	9	10	42	25	39	19	14	194	1	...	...	...	2	1	...	2	1	...	1	...	8
Ajmer	8	1	3	2	1	1	2	...	1	3	...	5	27	...	...	...	2	...	...	...	...	...	...	...	...	2
Jaipur	1	...	...	2	2	...	1	3	1	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	14	2	7	4	12	10	13	37	11	30	28	10	178	...	...	...	...	1	...	...	1	1	3	7	...	13
Gwalior	1	...	...	5	...	...	...	3	3	1	1	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	8	2	1	2	3	...	2	2	5	3	3	8	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	16	15	9	12	18	14	15	95	98	96	44	11	443	...	...	1	...	...	...	...	1	...	2	...	...	4
Goona	2	2	5	4	2	3	3	6	3	8	1	1	40	...	...	...	...	...	1	...	...	...	1	...	...	2
Agar	5	4	12	3	2	...	...	...	...	8	4	...	38	...	...	1	...	1	...	...	3	3	4	2	1	15
Sehore	21	5	11	16	23	8	17	26	59	112	74	38	410	1	...	...	3	1	...	1	...	...	...	...	...	6
Indore	4	6	5	6	3	...	1	6	9	8	8	4	60	...	...	...	...	...	...	...	1	1	...	...	...	2
Mhow	15	17	24	21	14	11	12	21	14	22	8	9	188	1	2	1	1	1	1	2	6	...	...	...	...	15
GROUP VIII.—SOUTH EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	163	118	153	129	157	117	138	312	294	467	304	178	2,530	7	5	7	9	14	7	7	25	10	12	16	9	128
A																										
Asirgarh	2	...	1	1	...	...	...	1	2	1	...	...	8	...	...	...	...	1	...	...	...	...	...	...	...	1
Saugor	21	15	19	26	27	17	17	29	85	112	93	70	531	...	...	...	...	2	...	...	1	...	...	...	...	3
Sutna	2	...	...	...	...	...	...	...	2	...	...	...	4	...	...	...	...	...	...	...	...	...	...	1	...	1
Jubbulpore	3	8	4	5	7	1	9	33	50	41	38	23	222	1	1	1	2	4	1	8	5	5	4	1	...	33
Sambalpur	4	3	5	2	8	11	10	17	14	7	8	4	93	...	...	1	...	...	...	...	...	...	...	...	...	1
Raipur	9	9	6	2	8	6	16	12	6	6	9	4	93	...	...	...	...	...	...	...	...	...	...	...	...	...
Kamptee	1	3	13	2	3	9	1	7	23	58	58	22	200	1	...	...	...	...	...	...	...	...	...	...	...	1
Sitabaldi	5	1	1	...	2	1	1	1	1	6	4	3	26	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXV—*continued.*

INTERMITTENT FEVER by months, stations, groups, and commands.

Stations and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B													
Ellichpur	31	12	10	3	7	2	8	14	9	29	21	15	161
Hingoli	24	10	23	10	11	13	8	10	6	21	15	7	158
Jalna	39	9	10	...	5	7	5	9	7	22	17	7	137
Aurangabad	20	15	43	25	27	16	25	21	18	29	11	14	264
Malegaon	1	3	2	2	1	3	2	1	3	...	4	1	23
Ahmednagar	7	3	12	9	21	8	7	13	3	1	4	3	91
Mominabad	15	24	18	15	33	18	4	11	16	12	5	6	177
Bolarum	14	12	3	3	5	17	13	11	9	8	19	43	157
Secunderabad	54	39	56	42	47	14	114	134	127	101	65	44	837
Raichur	2	2	...	...	...	...	...	5	1	3	2	...	15
Belgam	8	1	6	2	8	6	3	3	7	3	3	5	55
Satara	9	4	...	2	...	1	...	2	1	...	2	...	21
Poona	88	63	42	31	99	72	55	64	38	53	53	29	692
Kirkee	60	45	32	32	38	38	37	28	24	27	28	22	411
Sirur	15	9	4	...	3	2	5	5	2	3	1	...	49
GROUP IX.—DECCAN	434	295	310	214	360	262	340	431	454	543	460	322	4,425
Thana	2	1	...	...	...	...	4	2	2	3	3	1	18
Bombay	24	13	31	24	21	26	20	18	16	23	28	27	271
Butcher's Island	...	...	1	...	...	...	...	...	...	...	...	...	1
Cannanore	42	17	2	8	19	10	20	25	9	13	5	3	173
Trichoor	...	...	1	2	1	...	1	1	1	...	...	...	7
Quilon	4	2	3	2	4	2	7	4	2	2	3	5	40
Trivandrum	...	...	...	...	...	1	...	...	...	...	1	...	2
GROUP X.—WESTERN COAST	72	33	38	36	45	39	52	50	30	41	40	36	512
A													
Bellary	54	45	36	51	90	41	49	54	31	67	110	65	693
Bangalore	25	24	23	54	56	57	33	52	40	40	44	29	477
B													
Madura	...	...	...	...	...	...	...	...	3	...	1	...	4
Trichinopoly	21	7	9	8	27	15	10	5	7	16	25	16	166
Vellore	...	...	1	1	2	2	...	...	...	...	...	...	6
Pallavaram	...	1	...	...	1	...	2	1	1	2	1	3	12
St. Thomas' Mount	4	7	...	...	...	...	...	...	4	3	...	2	20
Madras	5	8	2	1	1	1	1	4	...	...	...	2	25
C													
Vizianagram	4	1	1	4	4	4	22	13	6	5	3	8	75
Berhampur	4	3	1	...	5	3	2	18	2	4	3	5	50
GROUP XI.—SOUTHERN INDIA	117	96	73	119	186	123	119	147	94	137	187	130	1,528
Maymyo	4	21	18	13	9	22	20	10	13	30	15	15	190
Bampon	3	1	5	4	1	8	4	15	18	20	17	1	97
Toungyi	...	1	2	...	...	1	...	...	...	...	...	...	4
Kohima	49	2	5	3	15	23	25	18	9	6	9	10	174
Shillong	27	11	12	32	28	20	19	10	7	31	11	4	212
Gantak	2	...	4	...	2	...	2	1	...	1	...	1	13
Darjeeling	5	2	5	1	...	...	1	3	3	...	...	...	20
Almora	4	5	4	6	9	2	3	2	6	2	1	10	54
Ranikhet	...	...	1	...	...	...	...	...	1	...	...	...	2
Naini Tal	...	...	...	...	1	...	1	2	1	1	...	...	6
Lansdowne	19	2	1	4	1	...	6	4	6	4	9	6	62
Simla	...	...	1	3	4	3	4	4	1	4	...	...	24
Jutogh	...	...	...	1	3	...	2	...	...	1	...	...	7
Dharmsala	13	14	1	22	10	10	10	19	18	12	7	11	147
Bakloh	9	12	3	3	7	3	37	37	29	5	8	22	175
Murree	...	...	...	...	3	2	1	1	...	1	...	...	8
Khyra Gully	...	...	...	...	...	...	1	1	1	...	...	...	3
Bara Gully	...	...	...	...	1	1	...	1	3	...	...	...	6
Gilgit	2	1	...	2	1	2	3	...	2	...	1	1	15
Chitral	3	...	1	2	4	7	7	2	...	8	2	...	36
Kila Drosh	13	6	8	26	14	13	10	10	4	17	3	3	127
Abbottabad	19	12	5	12	11	18	...	3	3	6	7	16	112
Cherat	...	...	...	...	1	...	1	...	...	...	1	1	4
Miran Shah	11	28	11	4	39	48	104	106	101	122	53	23	650
Boya	4	7	4	1	7	9	13	57	60	64	20	12	258
Datta Khel	19	26	22	16	31	53	154	235	212	119	22	29	938
Haidari Kach	...	...	...	...	...	...	...	10	15	12	1	2	40
Sarwekai	6	8	5	2	1	6	9	15	25	25	5	3	110
Wana	14	8	9	7	44	73	79	384	168	125	52	11	974
Mir Ali Khel	8	3	5	5	18	6	8	18	51	42	12	1	177
Fort Sandeman	3	10	18	10	13	15	11	49	42	16	6	11	204
Musa Khel	...	...	...	...	...	...	2	7	2	2	...	...	13

TABLE XXXVI—*continued.*

REMITTENT FEVER by months, stations, groups, and commands.

Stations and Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B													
Ellichpur	2	...	1	...	...	1	2	...	...	...	2	2	10
Hingoli	...	2	1	1	2	2	1	...	1	1	...	...	11
Jalna	...	...	1	...	1	1	1	4	2	14	12	3	39
Aurangabad	5	3	2	1	1	...	...	2	1	1	...	2	18
Malegaon	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar	1	1	2	3	2	1	...	...	...	1	...	...	11
Mominabad	...	...	...	...	...	...	...	...	1	1	1	...	3
Bolarum	3	...	...	1	1	...	...	...	1	3	4	5	18
Secunderabad	2	2	...	2	3	...	...	1	...	3	3	...	16
Raichur	...	...	1	...	...	...	...	...	...	...	...	1	2
Belgam	1	1	1	...	...	1	...	...	1	...	2	1	8
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona	7	8	1	2	9	...	3	1	1	6	3	...	41
Kirkee	1	...	...	...	...	...	...	...	...	...	...	...	1
Sirur	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	24	18	12	12	26	7	15	14	13	34	29	14	218
Thana	...	...	...	...	...	...	...	...	...	...	...	...	...
Bombay	1	2	4	3	5	5	4	2	...	...	2	...	28
Butcher's Island	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore	2	1	1	2	2	...	2	2	2	2	2	1	19
Trichoor	1	...	...	...	...	...	...	...	...	...	...	...	1
Quilon	...	...	...	...	...	...	...	...	...	...	...	...	...
Trivandrum	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST	4	3	5	5	7	5	6	4	2	2	4	1	48
A													
Bellary	3	2	2	1	...	...	...	...	...	...	6	6	20
Bangalore	...	...	...	...	...	...	...	...	1	2	...	...	3
B													
Madura	...	...	...	...	...	...	...	...	...	1	...	...	1
Trichinopoly	...	...	...	...	1	...	...	...	...	...	...	...	1
Vellore	...	...	...	...	...	...	...	...	...	...	...	...	...
Pallavaram	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount	...	1	...	...	...	...	...	...	...	...	...	...	1
Madras	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Vizianagram	...	1	...	...	...	...	...	...	...	...	...	...	1
Berhampur	...	...	...	...	...	...	...	...	...	1	1	...	2
GROUP XI.—SOUTHERN INDIA	3	4	2	1	1	...	...	...	1	4	7	6	29
Maymyo	...	...	...	...	...	...	...	...	...	...	...	1	1
Bampon	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungyi	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohima	...	1	...	1	...	1	1	...	...	...	...	...	4
Shillong	...	...	...	...	...	...	...	...	...	...	...	...	...
Gantak	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	1	...	1	1	6	3	3	4	2	2	5	...	28
Ranikhet	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal	...	...	1	1	2	...	...	...	...	...	...	...	4
Lansdowne	1	1	...	5	...	1	1	1	6	2	4	1	23
Simla	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh	...	...	...	2	2	...	...	...	...	...	...	...	4
Dharmsala	5	...	...	1	3	1	...	1	2	2	1	2	18
Bakloh	7	7	3	5	1	...	11	38	28	2	2	4	108
Murree	...	...	...	...	...	...	...	1	...	2	...	...	3
Khyra Gully	...	...	...	...	3	...	1	2	2	1	...	...	9
Bara Gully	...	...	...	...	...	...	...	...	...	...	...	...	...
Gilgit	...	...	1	...	...	...	...	...	...	1	...	...	2
Chitral	...	...	1	...	...	...	...	...	4	17	...	...	22
Kila Drosh	...	1	1	9	6	2	2	9	7	23	4	1	65
Abbottabad	...	...	...	5	2	6	3	5	8	1	3	2	35
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...
Miran Shah	...	...	...	...	...	1	...	...	...	1	...	...	2
Boya	...	...	...	...	...	...	...	...	...	...	...	...	...
Datta Khel	4	...	1	1	1	5	11	6	6	3	1	2	41
Haidari Kach	...	...	...	...	...	...	...	...	...	...	...	...	...
Sarwekai	...	...	...	...	...	...	...	...	...	...	...	...	...
Wana	2	1	...	...	...	...	...	2	...	...	...	6	11
Mir Ali Khel	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Sandeman	...	...	1	...	1	2	2	4	1	1	...	...	12
Musa Khel	...	...	...	...	...	...	...	1	1	1	...	...	3

Stations, Groups, and Commands.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Khan Mohamed Kot	5	10	15	1	6	4	8	17	23	26	16	13	144	...	...	...	...	1	...	...	...	..	...	...	...	1
Murgha . . .	1	1	1	1	3	...	...	8	4	1	1	1	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai . . .	4	12	5	10	13	6	11	38	63	34	9	13	218	...	...	...	2	4	7	1	...	...	...	...	1	15
Gumbaz . . .	...	...	...	1	...	...	1	1	...	4	2	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . .	30	21	23	19	54	29	25	23	50	40	33	24	371	...	...	2	1	...	...	...	1	1	...	...	1	6
Peshin . . .	10	8	3	4	1	1	1	6	11	20	11	6	82	...	1	...	...	...	...	...	...	1	...	...	...	2
Shelabagh . .	1	1	...	1	...	...	2	6	6	...	2	1	20	...	...	...	...	...	...	...	...	...	1	...	...	1
Spinwana . .	6	4	5	...	...	1	1	...	1	1	...	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaman . . .	19	15	12	12	24	10	14	15	15	15	6	4	161	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu . .	2	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ootacamund . .	...	...	1	1	...	...	...	...	...	...	1	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Group XII.—Hill Stations . .	315	253	215	229	379	396	600	1,138	974	817	343	256	5,915	20	12	12	34	32	29	36	75	69	60	20	21	420
Marching in Bengal	36	49	26	1	...	...	...	...	3	57	31	58	261	10	6	10	...	...	...	...	...	...	1	5	...	32
,, Punjab	21	41	71	6	2	2	3	10	23	100	67	35	381	1	3	6	7	1	...	...	3	2	6	3	2	34
,, Madras	21	8	6	2	8	...	...	1	2	6	62	81	197	3	...	...	...	...	...	...	...	...	2	...	2	7
,, Bombay	26	12	4	10	7	5	2	3	21	20	7	4	121	2	...	...	1	1	...	...	...	...	...	1	1	6
Hyderabad Contingent marching .	2	...	...	...	...	...	...	...	...	...	4	2	8	...	...	...	...	...	...	...	...	...	...	1	...	1
Mishmi Field Force	...	...	...	...	...	...	...	...	...	...	2	16	18	...	...	...	...	...	...	...	...	...	...	1	2	3
Malakand Force .	35	38	22	12	13	28	51	168	115	83	34	23	622	11	...	1	4	5	1	3	1	1	12	11	9	59
Khyber Force .	5	2	2	42	31	27	54	30	48	46	28	16	331	2	...	...	...	...	...	2	1	2	1	...	...	8
Kohat-Kurram Force	40	24	14	13	32	44	63	109	125	213	105	32	814	3	...	...	...	...	2	8	6	7	4	3	8	41
Chabbar . .	3	6	4	6	15	19	18	17	20	10	7	2	127	...	...	...	...	...	...	...	1	1	...	...	...	2
Jask . . .	2	...	1	1	10	6	4	12	1	...	...	...	37	...	...	...	...	2	1	...	...	...	1	...	...	4
Muscat . . .	...	...	...	7	6	...	2	...	...	1	5	3	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Bushire . . .	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Bagdad . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden . . .	7	6	10	27	80	23	5	2	4	17	6	4	191	...	1	2	3	...	...	...	...	...	1	...	...	7
Khormaksar . .	4	4	1	...	2	3	...	...	1	1	2	3	21	...	...	1	...	...	...	...	...	...	...	...	...	1
Sheikh Othman .	...	2	...	1	5	3	...	2	1	1	3	6	24	...	...	...	...	...	...	...	...	...	...	1	...	1
Perim . . .	1	...	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Zaila . . .	1	4	1	...	1	4	...	1	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Berbera . . .	...	...	...	3	23	8	...	...	1	3	5	...	43	...	...	...	...	...	...	...	...	...	...	...	...	...
Mauritius . .	116	105	187	137	286	162	121	70	16	17	8	16	1,241	...	...	...	...	...	...	...	...	...	...	...	...	...
Mombasa Field Force	28	8	12	8	1	...	...	...	...	...	...	...	57	...	...	4	7	4	...	...	...	...	...	...	...	15
INDIA .	2,408	1,760	1,630	1,480	2,417	1,992	2,446	3,988	3,871	5,347	3,682	2,419	33,440	141	90	101	148	202	154	224	330	229	275	159	132	2,185
Bengal . .	491	265	276	309	369	260	374	933	1,167	1,596	1,339	868	8,247	20	23	28	38	40	23	32	44	59	48	38	19	412
Punjab . .	668	514	399	409	676	722	983	1,704	1,532	2,112	1,038	590	11,347	70	29	38	70	97	95	164	238	138	171	72	71	1,253
Madras . .	442	385	262	241	382	358	538	644	489	696	658	476	5,571	13	15	6	8	15	9	7	12	13	20	14	15	147
Bombay . .	516	399	387	320	615	417	367	556	601	802	543	359	5,882	28	18	19	22	41	23	17	30	13	16	14	12	253
Hyderabad Contingent .	147	84	107	56	88	73	63	81	66	124	94	94	1,077	10	5	6	3	5	4	4	6	6	20	20	13	102

TABLE XXXVII.

PNEUMONIA by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Pneumonia in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	..	...	...	...	...	...	...	...	...	...	...	...
Rangoon	2	2	...	...	...	...	1	1	...	...	1	...	7
Group I.—Burma Coast and Bay Islands	2	2	...	...	...	...	1	1	...	...	1	...	7
Thayetmyo	...	...	...	...	...	1	...	...	...	...	...	...	1
Loikaw	...	...	...	...	...	...	...	...	...	...	...	...	...
Keng Tung	...	1	...	...	...	...	...	...	...	1	...	...	2
Fort Stedman	...	...	...	...	...	...	...	1	...	...	...	1	2
Thamakan	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin	1	1	...	...	...	...	...	...	1	...	...	...	3
Thabeitkyin	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo	...	...	...	...	...	...	1	1	...	1	1	...	4
Group II.—Burma Inland	1	2	...	...	...	1	1	2	1	2	1	1	12
Manipur	2	...	...	...	...	1	1	...	1	1	...	3	9
Sadiya	...	...	...	...	...	...	...	...	...	...	1	...	1
Dibrugarh	...	...	1	...	...	...	...	...	...	...	...	...	1
Silchar	...	...	2	...	...	...	...	...	...	...	...	...	2
Group III.—Assam	2	...	3	...	...	1	1	...	1	1	1	3	13
Fort William	...	...	1	...	...	...	...	...	...	...	1	...	2
Alipore	...	1	...	...	...	...	...	...	...	...	...	...	1
Ballygunge	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum-Dum	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore	2	...	...	1	...	...	...	...	...	...	2	1	6
Buxa	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	2	1	1	1	...	...	...	...	...	...	3	1	9
A													
Doranda	...	...	...	...	1	...	...	1	...	2	1	1	6
B													
Dinapore	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares	1	...	...	...	...	...	...	...	...	1	...	1	3
Allahabad	2	2	4	2	...	2	1	...	...	...	2	1	16
Fyzabad	1	1	...	...	2	1	...	...	...	1	3	1	10
Lucknow	...	2	2	8	1	...	2	1	1	3	4	5	29
Cawnpore	1	1	2	2	...	...	...	...	...	1	1	4	12
Fatehgarh	...	...	...	...	...	...	...	...	...	...	1	...	1
Group V.—Gangetic Plain and Chutia Nagpur	5	6	8	12	4	3	3	2	1	8	12	13	77
A													
Bareilly	...	...	2	...	1	...	...	1	...	...	1	...	5
Roorkee	...	1	1	...	...	...	...	2	...	...	1	1	6
Dehra Dun	...	1	1	1	...	...	1	1	...	1	4	...	10
Meerut	5	5	3	...	1	...	...	2	...	...	2	7	25
Delhi	5	2	...	2	...	...	...	...	...	1	2	3	15
Umballa	1	1	...	...	...	...	...	2	...	2	1	...	7
B													
Jullundur	2	1	...	2	...	...	...	...	...	1	3	2	11
Ferozepore	1	2	...	2	...	...	...	...	...	...	2	4	11
Meean Meer	17	19	6	1	...	...	2	3	...	5	6	6	65
Amritsar	1	...	...	...	...	...	...	...	...	...	2	...	3
Sialkot	10	4	2	1	...	1	2	2	...	2	1	7	32
Jhelum	2	4	10	2	1	...	1	2	...	...	1	3	26
Rawalpindi	7	...	...	...	...	...	...	...	...	2	3	5	17
Attock	1	...	...	...	1	...	...	...	...	...	...	...	2
Group VI.—Upper Sub-Himalaya	52	40	25	11	4	1	6	15	...	14	29	38	235

TABLE XXXVIII.

DYSENTERY by months, stations, groups, and commands.

Stations* and Groups.	Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	10	3	1	...	...	5	1	20
Rangoon	6	5	3	...	2	24	20	7	3	3	12	13	98
Group I.—Burma Coast and Bay Islands	6	5	3	...	2	34	23	8	3	3	17	14	118
Thayetmyo	...	...	...	...	...	...	...	...	...	...	1	...	1
Loikaw	...	...	...	...	...	3	...	...	...	...	1	1	5
Keng Tung	2	...	1	1	5	1	2	...	...	...	1	...	13
Fort Stedman	...	1	...	1	4	1	1	2	1	...	2	5	18
Thamakan	...	...	...	...	1	...	...	1	...	...	...	...	2
Meiktila	1	...	...	...	...	...	1	...	...	...	3	1	6
Fort Dufferin	3	3	2	2	3	1	...	1	1	3	5	4	28
Thabeitkyin	...	...	...	1	...	...	...	...	...	...	...	...	1
Bhamo	1	2	1	...	3	3	2	9	11	11	5	20	68
Group II.—Burma Inland	7	6	4	5	16	9	6	13	13	14	18	31	142
Manipur	...	2	14	17	25	11	4	8	5	5	3	8	102
Sadiya	...	...	...	1	...	...	...	...	...	1	...	2	4
Dibrugarh	1	...	...	1	2	1	1	2	1	1	...	1	11
Silchar	...	...	...	7	...	1	2	3	1	7	...	1	22
Group III.—Assam	1	2	14	26	27	13	7	13	7	14	3	12	139
Fort William	13	6	4	6	8	2	3	6	3	7	7	2	67
Alipore	7	2	6	6	4	7	2	...	1	...	...	3	38
Ballygunge	...	1	...	...	...	...	...	...	...	...	...	...	1
Dum-Dum	...	...	...	...	...	...	...	...	...	1	2	1	4
Barrackpore	6	1	...	...	2	2	3	6	...	4	5	2	31
Buxa	2	1	1	1	5	...	...	2	1	...	1	1	15
Cuttack	...	...	...	...	...	1	...	1	...	...	...	1	3
Group IV.—Bengal and Orissa	28	11	11	13	19	12	8	15	5	12	15	10	159
A													
Doranda	...	...	1	1	...	...	1	2	...	...	1	...	6
B													
Dinapore	...	...	2	2	2	1	1	3	2	4	...	...	17
Benares	...	...	1	1	3	1	2	6	7	2	4	1	28
Allahabad	1	1	1	3	1	2	1	2	8	12	9	5	46
Fyzabad	2	...	...	1	3	...	1	3	1	6	1	3	21
Lucknow	2	...	1	1	1	1	1	4	4	4	8	8	35
Cawnpore	...	2	...	...	4	1	...	...	9	10	3	6	35
Fatehgarh	...	...	...	1	...	...	...	...	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	5	3	6	10	14	6	7	20	31	38	26	23	189
A													
Bareilly	1	...	1	2	1	2	...	1	1	1	2	...	12
Roorkee	...	...	1	3	2	...	...	1	2	...	2	1	12
Dehra Dun	...	...	...	3	1	1	1	...	1	2	...	1	10
Meerut	2	...	2	...	3	4	2	5	5	5	1	2	31
Delhi	2	2	...	1	...	...	3	3	5	3	1	3	23
Umballa	...	...	1	1	2	1	2	2	2	1	6	1	19
B													
Jullundur	2	1	1	2	1	1	1	1	2	1	4	...	17
Ferozepore	...	1	3	2	2	2	2	3	3	7	5	...	30
Meean Meer	11	1	6	6	5	6	7	9	10	7	24	2	94
Amritsar	...	...	...	...	...	...	...	1	...	...	4	...	5
Sialkot	2	...	2	1	1	1	2	6	5	...	...	...	20
Jhelum	...	...	...	1	2	1	6	7	1	2	3	6	29
Rawalpindi	...	1	2	2	3	...	1	3	...	1	6	18	37
Attock	...	...	...	...	1	...	1	2	...	...	...	...	4
Group VI.—Upper Sub-Himalaya	20	6	19	24	24	19	28	44	37	30	58	34	343

* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios see Table XXVIII.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A.																										
Mardan	17	13	4	...	...	...	...	...	...	4	2	2	42	3	...	1	2	...	2	3	4	4	7	6	3	35
Nowshera	...	1	...	...	2	...	...	...	...	1	2	2	8	1	...	...	...	...	...	2	...	...	1	1	...	5
Peshawar	46	33	13	11	3	1	...	1	...	2	8	12	130	11	5	12	13	17	10	1	23	6	12	13	6	129
Fort Jamrud	3	...	1	...	...	...	...	...	...	...	...	...	4	2	3	...	5	...	...	...	...	1	...	1	...	12
Kohat	29	24	9	10	...	1	1	1	1	5	9	18	108	1	1	8	12	5	16	15	30	13	12	22	11	146
Usterzai	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	...	1	...	1	7
Bahadur Khel	1	...	...	1	...	...	2	...	...	...	...	2	6	...	...	...	...	...	...	...	2	...	...	1	...	3
Latammar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Edwardesabad	28	12	6	1	...	1	1	3	2	4	4	11	73	7	5	4	9	6	2	3	7	8	4	11	13	79
Jani Khel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	...	4
Dera Ismail Khan	21	5	1	2	2	...	2	3	1	3	8	6	54	3	2	2	4	7	1	1	6	7	11	10	5	59
Tank, Jatta, and Draband	1	...	...	...	...	...	...	...	...	...	...	1	2	1	1	...	...	...	3	5	1	1	4	2	2	20
Mangrota	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2
Dera Ghazi Khan	4	...	1	...	...	...	...	...	...	...	1	5	11	7	...	...	3	4	...	2	2	5	6	4	1	34
Mooltan	5	1	2	...	...	2	2	1	...	3	...	4	20	3	2	1	...	5	4	1	5	5	9	4	6	45
Sadda	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	...	...	...	...	1	1	...	4
B.																										
Idak	1	1	...	...	4	...	...	...	...	1	1	1	9	1	...	1	1	1	1	1	...	...	...	...	1	7
Khajuri	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	1	2
Saidgi	2	...	...	...	...	...	...	...	...	...	...	1	3	...	1	1	1	2	...	1	3	1	...	3	1	14
Jandola	1	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	...	6	6	10	8	4	1	3	3	45
Khajuri Kach	...	...	5	1	...	...	...	...	...	...	...	...	6	3	...	4	2	1	6	2	2	1	2	1	3	27
Sibi	...	1	...	1	...	...	...	...	...	1	...	1	4	...	...	...	...	...	...	...	4	1	2	...	2	9
C.																										
Jacobabad	9	2	6	...	...	...	...	...	...	1	4	4	26	2	2	...	1	...	...	1	...	...	1	4	1	12
Hyderabad	...	...	1	...	...	...	1	1	...	...	...	...	3	...	1	...	...	3	...	1	1	3	3	7	1	20
Kurrachee	3	5	1	...	...	1	2	...	...	1	1	...	14	1	2	2	1	2	4	...	2	4	5	...	2	25
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	171	99	50	27	11	6	11	10	4	26	40	71	526	48	28	37	56	59	57	51	102	67	84	94	63	746
A.																										
Bhuj	1	1	1	...	...	...	...	...	...	...	...	1	4	...	1	...	...	2	1	2	3	1	4	3	1	18
Rajkot	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	1	1	...	1	1	1	...	1	8
Deesa	...	2	2	...	2	1	...	...	...	1	...	1	9	5	3	3	2	1	1	4	3	4	17	9	11	63
Sadra	...	...	1	...	...	...	...	...	...	...	2	...	3	...	...	1	...	...	...	...	...	...	...	1	...	2
Ahmedabad	...	...	...	...	...	...	1	...	...	...	1	...	2	...	...	..	...	...	...	...	...	...	...	1	...	1
Baroda	...	2	2	3	...	1	...	...	...	...	1	...	9	4	2	1	2	2	3	2	2	4	...	2	8	32
B.																										
Sirdarpore	4	3	...	1	...	1	1	2	...	1	1	...	14	...	...	...	...	...	...	1	...	...	...	...	1	2
Jhabwa	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara	1	1	...	1	...	...	...	...	1	...	...	2	6	...	...	...	...	...	...	...	...	1	...	...	...	1
Kotra	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	2
Udaipur	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	7	2	3	1	1	3	...	1	...	...	1	...	19	1	...	1	...	...	2	3	...	1	2	3	2	15
Neemuch	1	...	1	...	...	...	...	...	...	...	1	...	3	...	...	2	...	1	...	1	2	...	2	...	10	18
Deoli	...	...	1	...	1	...	...	...	...	3	...	3	8	1	...	...	...	...	...	2	5	...	1	...	...	9
Beawar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2
Nasirabad	2	1	...	1	...	1	2	...	1	1	1	4	14	...	...	10	2	1	...	...	3	...	3	1	1	21
Ajmer	3	...	2	...	...	...	...	...	...	...	1	3	9	...	...	...	...	...	...	...	1	...	...	...	1	2
Jaipur	1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra	3	3	1	1	1	...	...	...	...	...	4	2	15	...	...	...	2	3	1	1	2	7	5	2	5	28
Jhansi	4	4	...	...	1	1	2	2	...	...	10	7	31	1	...	...	...	...	...	...	...	1	...	...	1	3
Nowgong	5	8	4	...	...	...	...	...	...	1	...	...	18	1	...	...	...	...	1	...	3	2	1	1	...	9
Goona	2	1	1	...	...	...	...	...	...	...	...	1	5	...	1	1	1	1	...	1	...	...	...	1	...	6
Agar	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	1	...	1	...	...	4
Sehore	1	...	...	1	...	...	...	...	1	...	1	1	5	1	...	...	...	2	1	1	...	1	1	...	...	7
Indore	1	1	1	...	1	...	1	...	...	...	...	2	7	3	...	1	...	...	...	1	4	...	...	1	1	11
Mhow	2	1	...	...	...	...	1	...	...	1	...	...	5	2	2	4	6	5	4	4	3	...	2	...	...	32
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	38	31	22	9	7	8	8	5	3	9	24	29	193	20	10	25	15	19	16	24	33	24	40	26	44	296
A.																										
Saugor	10	7	8	2	2	2	...	2	1	...	6	3	43	1	...	...	1	4	4	3	7	2	6	3	2	33
Jubbulpore	1	3	1	...	...	...	...	...	...	...	...	3	8	2	3	1	2	1	4	3	9	5	5	6	2	43
Sambalpur	2	2	1	1	1	...	...	...	...	...	...	...	7	1	2	...	1	1	...	2	1	...	...	...	...	8
Raipur	1	1	...	1	1	...	...	...	...	1	1	...	6	...	1	1	2	6	1	5	5	8	...	...	1	30
Kamptee	...	...	8	1	2	1	...	...	...	...	1	...	13	...	...	1	1	...	...	2	3	...	...	...	1	8
Sitabaldi	...	1	...	...	...	...	...	...	..	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1

TABLE XXXVII—*concluded.*

PNEUMONIA by months, stations, groups, and commands.

TABLE XXXVIII—*concluded.*

DYSENTERY by months, stations, groups, and commands.

Stations, Groups and Commands.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
B.																										
Ellichpur	3	1	1	1	1	...	...	2	...	...	1	4	14	1	1	...	2	1	...	4	3	1	1	3	...	17
Hingoli	2	...	3	...	...	...	1	...	...	...	...	3	9	1	...	1	...	...	1	1	2	...	1	...	...	7
Jalna	...	...	1	...	..	...	...	...	...	...	1	...	2	1	...	...	...	...	...	...	...	1	1	1	...	4
Aurangabad	...	1	1	2	...	1	...	...	...	1	...	1	7	1	1	1	...	3	3	2	11	1	6	1	3	33
Malegaon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Ahmednagar	...	1	...	1	...	...	...	...	...	...	...	...	2	1	1	...	...	1	...	...	...	...	2	1	...	6
Mominabad	2	...	...	...	...	...	...	..	1	...	...	1	4	...	1	...	...	2	...	1	3	1	1	...	...	9
Bolarum	3	5	10	1	2	1	...	1	2	1	...	3	29	2	1	1	1	...	2	3	11	1	4	1	1	28
Secunderabad	1	5	1	1	2	1	2	1	...	...	2	5	21	3	...	...	...	12	6	11	28	11	5	11	6	93
Raichur	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	1	2	...	...	...	...	1	1	...	...	5
Belgam	2	...	...	3	2	...	...	...	2	1	1	...	11	3	2	2	1	...	1	...	1	2	...	...	2	14
Satara	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	3
Poona	13	5	2	1	3	4	...	2	...	...	7	8	45	4	5	...	8	13	10	12	24	14	16	4	15	125
Kirkee	2	1	...	1	1	...	1	...	...	...	...	3	9	2	2	1	1	7	...	2	8	9	8	4	2	46
Sirur	...	2	2	...	...	...	...	...	...	...	...	...	4	...	...	1	1	2	1	2	...	...	5	2	...	14
Group IX.—Deccan	42	35	39	16	17	10	4	8	6	4	20	34	235	23	20	12	24	54	33	53	118	57	62	37	35	528
Thana	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	4	4	1	7	8	2	...	2	2	32
Bombay	7	5	3	2	2	6	1	2	...	1	3	1	33	14	7	10	13	18	4	7	10	5	5	32	76	201
Cannanore	...	...	...	2	...	...	1	...	1	1	...	1	6	1	...	...	1	2	1	1	2	1	3	...	1	13
Trichoor	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2
Quilon	...	2	...	...	...	1	...	...	...	...	...	...	3	...	...	...	1	...	1	1	...	...	1	1	3	8
Trivandrum	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1
Group X.—Western Coast	7	7	4	4	2	7	2	2	1	2	3	2	43	16	7	11	20	25	7	16	21	8	9	35	82	257
A.																										
Bellary	...	1	3	4	1	1	1	...	1	1	2	2	17	...	3	...	...	2	3	...	2	3	1	1	1	16
Bangalore	...	2	1	2	1	1	2	4	1	4	2	3	23	12	3	...	1	4	5	3	6	9	12	5	2	62
B.																										
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Trichinopoly	...	1	1	...	...	...	1	...	1	1	...	...	5	...	...	...	2	4	...	1	4	1	2	8	2	24
Vellore	...	...	1	1	...	...	...	...	...	...	...	...	2	1	1	...	...	1	...	...	...	...	...	...	...	3
Pallavaram	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1
St. Thomas' Mount	...	...	...	...	1	...	...	...	...	...	...	...	1	2	...	...	...	...	1	...	...	3	1	2	1	10
Madras	...	...	...	...	...	...	...	1	...	...	...	1	2	2	...	1	...	...	...	...	...	...	...	...	1	4
C.																										
Vizianagram	...	1	...	...	...	...	...	...	...	...	1	...	2	1	...	1	...	...	...	1	1	...	1	...	3	8
Berhampur	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	1	1	...	...	2	...	5
Group XI.—Southern India	...	5	7	7	3	2	4	5	3	7	5	6	54	18	8	2	3	11	9	6	15	16	17	19	10	134
Maymyo	...	...	1	...	...	...	1	1	1	...	...	4	8	...	...	1	1	3	5	...	1	1	1	...	...	13
Bampon	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Kohima	1	1	4	5	1	...	...	...	...	...	...	4	16	1	1	1	...	3	3	1	3	2	...	...	3	18
Shillong	...	1	...	...	...	...	...	...	...	...	1	...	2	3	1	...	4	4	2	6	8	3	39	30	2	102
Gantak	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	1
Almora	1	...	...	2	2	1	...	1	...	...	1	2	10	...	2	...	3	2	1	1	1	...	...	1	...	11
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	2
Lansdowne	1	3	1	1	...	...	...	2	...	...	2	2	12	...	...	...	1	1	...	...	...	...	...	...	...	2
Simla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	1	1	2	...	...	...	8
Jutogh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	3
Dharmsala	6	1	1	2	...	...	1	2	1	9	8	4	35	...	1	...	1	2	...	2	...	...	...	...	1	7
Bakloh	10	7	8	12	4	5	1	...	...	2	3	3	55	...	...	...	...	4	2	4	3	7	5	4	1	30
Murree	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2
Khyragully	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1
Baragully	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Gilgit	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Chitral	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	1	...	1	...	3	...	...	7
Kila Drosh	5	4	1	3	3	1	...	1	1	5	6	10	40	5	3	1	2	7	5	6	4	6	10	1	1	51
Abbottabad	3	3	...	...	...	...	2	2	1	1	1	8	21	2	1	...	...	2	1	2	...	...	5	11	3	27
Cherat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	2
Miran Shah	4	5	8	...	...	...	...	...	...	...	5	3	25	3	1	4	...	1	1	4	9	2	1	...	2	28
Boya	1	1	...	...	...	...	...	...	...	...	1	1	4	1	1	2	2	1	4	2	4	...	2	...	...	19
Datta Khel	7	2	3	1	2	...	...	2	...	...	...	1	18	3	...	...	3	11	6	15	23	9	9	5	2	86
Haidari Kach	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	1	1	7
Sarwekai	...	1	1	...	...	...	...	...	...	...	...	...	2	3	1	3	4	1	3	3	10	2	...	2	...	32
Wana	3	3	2	...	...	...	...	2	1	1	1	...	13	1	1	3	6	16	6	10	8	6	9	9	9	84
Mir Ali Khel	...	...	...	...	...	...	1	...	...	2	1	1	5	...	...	...	...	...	...	3	8	...	4	1	3	19
Fort Sandeman	19	14	10	5	5	2	3	2	1	2	2	4	69	...	...	1	3	6	2	3	6	14	6	4	6	51
Musa Khel	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	4
Khan Mohamed Kot	...	1	...	...	...	1	...	...	...	1	...	1	4	1	1	1	...	1	...	...	5	...	5	...	...	14

STATIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January,	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Murgha	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	7	2	1	...	...	13
Loralai	17	8	...	1	...	...	1	1	...	3	2	2	35	6	4	3	...	4	4	3	26	26	9	8	13	106
Gumbaz	2	..	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	1	...	...	3
Quetta	12	4	7	13	11	4	5	3	...	4	10	6	79	6	3	5	6	5	4	2	9	6	8	3	1	58
Peshin	2	1	3	...	1	...	...	...	...	3	3	...	13	2	2	1	...	1	1	5	5	5	3	2	2	29
Shelabagh	...	...	...	...	...	...	1	...	1	...	...	...	2	1	...	...	...	...	1	1	4	1	...	...	...	8
Spinwana	...	...	...	...	...	...	1	...	...	...	...	1	2	...	..	...	...	...	...	...	...	...	...	...	...	...
Chaman	3	...	1	...	...	...	...	...	...	...	...	...	4	1	1	1	1	...	2	...	3	1	...	...	1	11
Mount Abu	...	1	1	...	...	...	1	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Ootacamund	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS	99	61	53	45	29	14	19	21	7	34	47	58	487	41	24	28	39	82	56	79	155	99	125	82	53	863
Marching in Bengal	8	7	3	...	...	...	...	...	1	9	3	13	44	7	4	1	...	...	...	...	...	9	50	50	31	152
" Punjab	7	12	17	...	...	...	...	...	1	1	5	12	55	2	3	3	5	...	...	...	2	3	18	16	9	61
" Madras	1	...	1	...	...	...	...	...	...	2	...	1	5	4	2	...	2	1	...	1	...	...	...	8	28	46
" Bombay	4	2	...	...	...	...	...	...	1	2	2	...	11	1	5	2	2	3	...	1	...	2	6	2	3	27
Hyderabad Contingent marching.	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	..	...	...	...	...	...	...	1	1	3
Mishmi Field Force	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	5
Malakand Force	12	6	2	4	5	1	...	...	1	13	12	10	66	4	1	4	5	9	8	16	28	20	19	28	19	161
Khyber Force	2	4	...	...	2	2	...	1	...	...	4	3	18	...	...	1	4	14	2	4	7	12	7	6	4	61
Kohat-Kurram Force	6	2	7	2	3	1	...	...	2	2	1	4	30	15	...	3	7	21	13	10	19	16	10	13	4	131
Indian Marine Ship *Lawrence*	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	2
Chabbar	1	1	...	.	...	...	...	...	...	...	...	...	2	...	3	...	...	...	...	1	1	1	2	2	1	11
Jask	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...	3
Muscat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Bushire	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	2
Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	1	...	3	4	4	2	4	1	4	29
Khormaksar	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	1	1	1	2	...	1	9
Sheikh Othman	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Perim	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2
Zaila	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Berbera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	3
Mauritius	...	...	...	...	1	2	...	1	...	1	...	...	5	10	15	41	44	18	12	10	14	16	33	18	9	240
Mombasa Field Force	1	...	1	2	...	...	...	...	...	...	...	...	4	...	1	1	6	6	...	...	...	...	...	...	...	14
INDIA	464	323	243	140	88	59	60	73	33	137	213	299	2,132	284	166	232	311	424	309	359	635	450	601	578	530	4,879
BENGAL	56	55	42	28	13	8	7	16	5	21	54	67	372	56	31	40	72	89	56	45	93	90	183	144	98	997
PUNJAB	267	173	111	58	32	16	18	28	12	70	101	152	1,038	99	40	74	110	166	119	151	251	169	194	231	141	1,745
MADRAS	9	16	11	13	7	5	10	10	8	13	10	18	130	42	23	12	15	48	66	49	69	47	44	74	96	585
BOMBAY	121	72	62	35	32	26	24	15	5	30	46	50	518	70	52	60	59	91	50	93	178	122	132	103	177	1,187
HYDERABAD CONTINGENT	10	7	16	4	3	2	1	3	3	2	2	12	65	7	4	4	5	6	6	11	30	6	15	7	5	106

TABLE XXXIX.

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on
1	Governor General's Body Guard, Dehra Dun (Local).	121	101	2·6	4	564·4	Admitted	...	...	...	...	5	2	...	...	...	...	1	3	...	...	1	...	...	2	57	...
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						8·26	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
2	1st Bengal Lancers, Lucknow, March, 1898, from Meerut.	620	509	14·3	18	577·6	Admitted	...	...	...	...	50	2	...	...	6	7	11	11	6	...	...	...	18	5	294	...
						6·45	Died	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	3rd Bengal Cavalry, Meerut, February, 1899, from Kohat.	622	524	6·5	6	412·2	Admitted	...	...	...	...	44	5	...	1	1	9	5	11	2	...	...	...	6	2	216	...
						12·86	Died	...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	7	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4	4th Bengal Cavalry, Saugor, January, 1898, from Cawnpore.	623	523	9·6	4	478·0	Admitted	18	...	...	...	91	2	2	...	...	1	4	10	3	...	...	1	4	1	250	...
						4·82	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	
						14·45	Invalided	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	9	...
5	5th Bengal Cavalry, Cawnpore, April, 1898, from Nowgong.	615	518	9·4	13	364·9	Admitted	...	...	...	...	60	8	...	...	...	2	5	16	...	...	...	...	13	5	189	...
						14·63	Died	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	1	6	
						9·76	Invalided	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1	6	...
6	6th Bengal Cavalry, Nowgong, March, 1898, from Tirah Field Force.	608	503	10·2	7	622·3	Admitted	...	...	...	...	138	1	...	...	...	1	4	3	...	...	...	...	13	1	313	...
						6·58	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	
						3·29	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
7	7th Bengal Cavalry, Fyzabad, March, 1898, from Lucknow.	618	505	12·2	21	594·1	Admitted	1	...	...	...	144	8	...	...	1	4	15	24	2	...	1	1	3	6	300	...
						3·24	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
						12·94	Invalided	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	5	8	...
8	8th Bengal Cavalry, Bareilly, March, 1898, from Allahabad.	615	497	13·7	18	505·0	Admitted	1	...	...	...	89	12	...	...	5	3	6	8	1	...	...	...	2	...	251	...
						8·13	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	3
						1·63	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	1	...
9	14th Bengal Lancers, Allahabad, February, 1898, from Saugor.	592	511	10·6	8	477·5	Admitted	...	...	1	...	59	...	...	3	...	4	6	24	4	1	...	...	11	4	244	...
						10·14	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	6	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	1st Central India Horse, Goona, November, 1897, from Agar.	610	493	6·4	3	456·4	Admitted	...	...	...	...	54	2	3	2	...	5	8	6	3	...	4	...	4	...	225	...
						8·20	Died	...	...	...	...	...	...	...	...	...	2	1	...	...	...	1	...	...	...	5	...
						29·51	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	...	18	...
11	2nd Central India Horse, Agar, November, 1897, from Goona.	612	516	8·8	8	430·2	Admitted	...	...	...	...	40	15	2	1	...	1	5	4	1	...	...	...	8	5	222	...
						8·17	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	3	2
						17·97	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	9	11	...
12	Head quarters, Bengal Sappers and Miners, Roorkee (Local).	948	884	12·8	13	453·6	Admitted	13	...	2	...	107	19	...	...	3	12	16	20	10	...	...	1	10	10	401	...
						5·27	Died	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	3	2
						3·16	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...
13	Depôt, 1st Bengal Infantry, Jhansi, February, 1896, from Peshawar.	117	89	2·0	—	382·0	Admitted	...	...	...	...	7	...	...	...	...	3	1	...	...	...	...	...	2	4	34	...
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
						34·19	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	4	...
14	3rd Bengal Infantry, Shillong, October, 1899, from Allahabad.	885	769	17·9	29	500·6	Admitted	...	5	...	...	90	...	5	1	5	13	10	99	6	...	...	...	18	3	385	...
						24·86	Died	...	4	...	...	1	...	...	...	1	3	...	1	1	...	...	...	...	...	17	5
						15·82	Invalided	...	...	...	...	...	...	...		1	...	...	...	...	...	...	...	...	5	14	...

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
erial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on account of old age.
5	4th Bengal Infantry, Fort William, February, 1898, from Dinapore.	880	764	31·6	55	1,573·3	Admitted	...	...	...	...	923	3	...	...	1	2	17	72	13	...	...	...	18	17	1,202	...
						19·32	Died	...	...	...	...	4	2	...	...	...	...	2	...	...	...	...	...	...	...	8	9
						9·09	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	8	...
6	5th Bengal Infantry, Bareilly, March, 1899, from Alipore.	882	750	43·1	31	958·7	Admitted	...	...	2	...	208	42	...	...	9	9	17	14	16	...	...	...	37	10	719	...
						40·82	Died	...	...	...	...	7	3	...	...	...	2	...	3	...	...	...	...	...	...	16	20
						22·68	Invalided	...	...	...	...	11	...	...	...	2	1	...	...	...	...	...	...	2	...	20	...
7	6th Bengal Infantry, Doranda, December, 1899, from Meerut.	848	769	17·8	17	849·2	Admitted	...	...	...	...	143	12	...	...	4	32	37	26	3	...	1	1	38	7	553	...
						16·51	Died	...	...	...	...	1	...	...	...	1	8	...	...	1	...	...	...	...	...	11	3
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	7th Bengal Infantry, Doranda, January, 1897, from Lucknow.	489	462	7·0	3	363·6	Admitted	...	...	...	...	50	1	...	...	1	7	17	7	...	...	...	...	6	9	168	...
						4·09	Died	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	...
						10·22	Invalided	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	5	...
9	Wing, 7th Bengal Infantry, Buxa, January, 1897, from Lucknow.	381	304	17·4	12	1,243·4	Admitted	...	...	...	...	159	26	...	...	...	...	8	15	5	...	...	...	4	28	378	...
						15·75	Died	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	3	3
						10·50	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...
0	8th Bengal Infantry, Lucknow, March, 1899, from Miran Shah.	910	739	21·8	27	665·8	Admitted	...	...	...	...	181	14	...	...	2	40	7	19	2	...	1	1	10	3	492	...
						20·88	Died	...	...	...	...	3	...	...	...	...	9	...	...	1	...	...	...	...	...	14	5
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1	9th Gurkha Rifles, Lansdowne, April 1899, from Lundi Kotal.	740	539	10·0	2	200·4	Admitted	...	...	...	...	16	17	...	...	5	4	...	1	...	...	...	...	31	2	108	...
						13·51	Died	...	...	...	...	1	...	...	...	5	1	...	...	...	...	...	...	...	...	8	2
						4·05	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...
22	10th Bengal Infantry, Silchar, September, 1898, from Benares.	500	457	13·0	20	700·2	Admitted	35	...	...	...	66	...	...	...	...	2	41	31	...	...	...	5	8	22	320	...
						14·00	Died	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5
						12·00	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	6	...
23	Wing, 10th Bengal Infantry, Dibrugarh, September, 1898, from Benares.	427	384	9·1	7	713·5	Admitted	...	...	...	...	160	7	...	1	8	2	10	15	...	...	...	2	8	2	274	...
						7·03	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
						16·39	Invalided	...	...	...	...	1	...	...	1	4	...	...	...	...	...	...	...	...	1	7	...
24	Depôt, 11th Bengal Infantry, Lucknow, January, 1897, from Doranda and Buxa.	179	130	7·4	17	961·5	Admitted	...	...	...	...	54	1	...	...	...	5	10	10	...	...	...	...	4	2	125	...
						11·17	Died	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...
						5·59	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
25	12th Bengal Infantry, Alipore, February, 1899, from Bareilly.	875	763	34·3	14	2,125·8	Admitted	...	...	...	...	1,401	10	1	...	2	2	9	26	...	...	...	...	33	15	1,622	...
						1·14	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
						14·86	Invalided	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	1	4	13	...
26	13th Bengal Infantry, Meerut, December, 1899, from Fyzabad.	898	777	22·7	29	677·0	Admitted	...	...	...	...	109	49	...	1	7	38	35	35	7	...	1	...	43	8	526	...
						20·04	Died	...	...	...	...	...	1	...	...	1	10	1	...	...	...	...	...	...	...	13	5
						13·36	Invalided	...	...	...	...	1	...	...	...	4	...	1	...	...	...	...	...	2	2	12	...
27	16th Bengal Infantry, Cawnpore, June, 1898, from Malakand.	870	768	19·3	18	574·2	Admitted	...	...	...	...	112	29	50	...	3	10	10	24	...	...	1	...	29	12	441	...
						13·79	Died	...	...	...	...	...	2	...	...	...	3	2	...	...	...	...	...	...	...	8	4
						27·59	Invalided	...	...	...	...	1	...	...	...	1	...	4	...	...	...	...	...	1	10	24	...
28	17th Bengal Infantry, Benares, October, 1898, from Silchar.	862	762	16·8	15	647·0	Admitted	...	...	...	...	160	...	2	...	2	2	8	41	5	...	2	1	18	3	493	...
						2·32	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
						3·48	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	1
29	18th Bengal Infantry, Dinapore, March, 1898, from Fort William.	896	770	21·7	13	455·8	Admitted	...	...	3	...	131	...	...	...	...	1	17	19	8	...	...	...	26	3	351	...
						3·35	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
						11·16	Invalided	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	2	10	...

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	All Causes.
30	20th Punjab Infantry, Delhi, April, 1898, from Jhelum.	899	758	17·4	8	820·6	Admitted	...	...	...	...	310	12	...	...	1	14	20	23	6	...	...	...	22	21	622
						4·45	Died	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4
						5·56	Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	5
31	39th Garhwal Rifles, Lansdowne, November, 1899, from Chitral.	295	271	8·1	3	369·0	Admitted	...	...	...	...	18	4	...	...	...	6	...	...	...	...	1	...	9	4	100
						6·78	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						20·34	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6
32	42nd Gurkha Rifles, Shillong, January, 1895, from Kohima.	890	748	35·3	14	1006·7	Admitted	...	49	1	...	230	2	...	1	7	10	38	139	8	...	3	...	27	11	753
						50·56	Died	...	27	...	...	3	1	...	1	1	1	...	4	...	1	1	...	...	...	40
						8·99	Invalided	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	8
33	43rd Gurkha Rifles, Manipur, February, 1899, from Kohima.	889	797	35·0	7	969·9	Admitted	3	1	...	...	257	19	1	1	1	7	30	92	10	...	1	1	29	32	773
						11·25	Died	...	1	...	...	...	1	...	...	1	...	...	2	...	...	...	...	...	1	7
						16·87	Invalided	...	...	...	...	3	...	...	1	...	...	2	...	...	...	...	...	...	4	15
34	44th Gurkha Rifles, Kohima, January, 1899, from Manipur.	884	771	30·6	10	771·7	Admitted	5	...	...	...	171	8	3	1	6	21	15	23	6	...	3	...	61	18	595
						19·23	Died	...	...	...	...	2	1	...	1	3	2	...	...	...	...	1	...	1	1	16
						27·15	Invalided	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	4	11	24
35	Bhopal Battalion, Sehore (Local).	907	783	15·4	7	890·2	Admitted	...	...	...	...	431	7	1	...	...	8	15	9	4	...	...	...	13	4	697
						3·31	Died	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3
						19·85	Invalided	...	...	...	...	7	...	...	...	...	...	2	...	...	...	...	...	...	5	18
36	2nd Madras Infantry, Barrackpore, November, 1899, from Vizianagram.	806	717	16·7	107	460·3	Admitted	...	...	3	...	75	1	...	1	5	5	2	9	1	1	...	...	42	4	330
						6·20	Died	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	5
						26·05	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	5	3	21
37	5th Madras Infantry, Nowgong, June, 1898, from Cawnpore.	808	751	24·3	13	776·3	Admitted	...	1	...	...	303	3	...	...	2	16	14	6	6	...	...	...	51	7	583
						4·95	Died	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2
						13·61	Invalided	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1	2	11
38	6th Madras Infantry, Jhansi, April, 1898, from Nowgong and Meerut.	807	728	18·3	15	298·1	Admitted	...	...	...	...	30	...	...	1	...	29	2	5	3	...	1	1	34	13	217
						13·63	Died	...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	...	...	...	8
						30·98	Invalided	...	...	...	...	...	...	...	...	...	...	1	2	..	...	...	...	3	11	25
39	Wing, 16th Madras Infantry, Cuttack, December, 1898, from Rangoon.	470	458	5·7	11	161·6	Admitted	...	...	2	...	5	...	...	...	...	...	7	3	...	...	1	...	33	3	74
						17·02	Died	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	1	...	6
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40	7th Bombay Infantry, Jubbulpore, March, 1896, from Raipur.	714	662	19·1	1	803·6	Admitted	...	...	...	...	208	32	...	1	...	8	25	39	4	...	1	...	37	3	532
						5·60	Died	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	4
						19·61	Invalided	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	2	5	14
41	12th Bombay Infantry, Saugor, February, 1896, from Kamptee.	787	693	25·2	11	1119·8	Admitted	2	...	...	...	455	3	...	1	...	45	4	29	2	...	...	2	53	6	776
						10·17	Died	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	7
						8·89	Invalided	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	3	...	7
42	20th Bombay, Infantry, Allahabad, September, 1899, from Mhow.	801	721	16·0	9	707·4	Admitted	...	...	...	...	172	19	2	...	2	5	29	44	9	...	...	...	24	3	510
						7·49	Died	...	...	...	...	...	2	...	...	2	...	...	1	...	...	...	...	...	...	6
						13·73	Invalided	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...	...	...	2	11
43	1-2nd Gurkha Rifles, Dehra Dun (Local).	872	772	33·9	26	871·8	Admitted	2	1	...	3	223	5	3	1	16	7	47	8	4	...	1	2	54	5	673
						14·91	Died	...	1	...	...	2	...	...	...	5	1	...	...	1	...	1	...	...	...	13
						11·47	Invalided	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	5	10
44	2-2nd Gurkha Rifles, Dehra Dun, March, 1899, from Kohat Kurrum Force.	725	596	20·0	22	594·0	Admitted	1	...	...	...	107	1	7	...	7	3	21	7	6	...	...	2	41	3	354
						13·79	Died	...	...	...	...	...	...	...	...	2	1	...	1	...	...	...	...	...	1	7
						4·14	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3
45	1-3rd Gurkha Rifles, Almora (Local).	875	781	27·8	13	482·7	Admitted	...	...	1	...	63	30	1	...	5	11	6	13	...	...	5	...	69	1	377
						11·43	Died	...	...	...	...	...	4	...	...	2	2	1	...	...	...	...	...	...	...	9
						34·29	Invalided	...	...	...	...	2	...	...	1	1	...	1	...	...	...	...	...	1	3	30
46	2-3rd Gurkha Rifles, Lansdowne, December, 1899, from Lundi Kotal.	375	368	8·7	3	421·2	Admitted	...	...	...	...	47	3	...	...	...	7	8	1	1	...	...	...	23	6	155
						18·67	Died	...	...	...	...	...	2	...	...	...	2	...	...	1	...	...	...	...	...	5
						2·67	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on account of old age.	
Drivers, No. 8 Mountain Battery, Royal Garrison Artillery, Darjeeling, December, 1898, from Jutogh.	147	125	3·6	2	712·0	Admitted	...	...	...	...	20	...	...	...	...	1	8	3	...	...	1	...	5	...	89	...	
					...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
					6·80	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
2nd Bengal Lancers, Jullundur, December, 1899, from Kohat.	621	402	10·8	29	855·7	Admitted	...	...	1	...	142	8	2	...	4	5	9	34	5	...	1	2	4	10	344	...	
					9·66	Ded	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2		4
					12·88	Invalided	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	8	...	
9th Bengal Lancers, Mooltan, April, 1898, from Tirah Field Force.	619	517	13·8	27	816·2	Admitted	...	...	...	...	104	2	...	...	2	12	12	36	1	...	...	1	14	12	422	...	
					8·08	Died	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...	...	...	5	...	
					1·62	Invalided	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
10th Bengal Lancers, Nowshera, June, 1898, from Malakand Force.	613	423	7·5	22	177·3	Admitted	...	...	...	...	6	7	...	1	2	5	3	3	...	...	1	1	5	2	75	...	
					8·16	Died	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2		3
					4·89	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	3	...	
11th Bengal Lancers, Jhelum, April, 1898, from Nowshera.	623	494	6·6	3	289·5	Admitted	...	...	...	...	17	2	...	...	3	3	9	8	...	...	...	...	8	...	143	...	
					8·03	Died	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3		2
					6·42	Invalided	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	4	...	
12th Bengal Cavalry, Peshawar, March, 1898, from Sialkot.	614	480	13·5	16	850·0	Admitted	...	...	3	...	149	22	...	...	...	1	28	31	6	...	...	1	1	3	408	...	
					3·26	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	
					6·51	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	
13th Bengal Lancers, Rawalpindi, March, 1898, from Peshawar.	612	523	10·9	10	478·0	Admitted	...	...	...	1	56	10	...	...	4	4	6	7	...	...	1	1	12	1	250	...	
					4·90	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2		1
					4·90	Invalided	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	...	
15th Bengal Lancers, Ferozepore, April, 1898, from Loralai.	625	524	7·9	4	398·9	Admitted	...	...	...	...	72	8	...	...	2	3	5	7	1	...	...	...	5	4	209	...	
					6·40	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		4
					8·00	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	5	...	
16th Bengal Cavalry, Umballa, February, 1898, from Mooltan.	614	512	10·8	37	531·2	Admitted	...	...	...	...	32	18	...	1	1	1	7	12	...	...	...	2	13	8	272	...	
					9·77	Died	...	...	..	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	4		2
					...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
17th Bengal Cavalry, Meean Meer, January, 1898, from Umballa.	566	515	15·0	22	734·0	Admitted	...	30	...	...	79	5	...	...	...	21	13	29	3	...	1	...	10	14	378	...	
					28·27	Died	...	11	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	15		1
					12·37	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	4	7	...	
18th Bengal Lancers, Sialkot, February, 1898, from Tirah Field Force.	625	411	7·3	11	396·6	Admitted	...	...	...	...	41	16	...	...	3	...	3	2	...	...	...	...	3	3	163	...	
					4·80	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		2
					1·60	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
1st Punjab Cavalry, Kohat, December, 1898, from Edwardesabad.	605	498	15·6	22	809·2	Admitted	...	...	...	...	122	12	7	1	1	22	5	27	2	...	...	5	3	10	403	...	
					19·83	Died	...	...	...	...	...	1	...	...	...	6	...	...	...	...	...	...	...	...	10		2
					18·18	Invalided	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	3	11	...	
2nd Punjab Cavalry, Edwardesabad, December, 1898, from Dera Ismail Khan.	614	478	10·0	14	602·5	Admitted	...	...	...	...	70	8	...	...	...	14	7	16	3	...	...	1	3	4	288	...	
					19·54	Died	...	...	...	...	...	1	...	...	...	8	1	...	...	...	...	...	...	...	12	...	
					4·89	Invalided	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	
3rd Punjab Cavalry, Kohat, November, 1899, from Dera Ismail Khan.	619	429	9·4	12	792·5	Admitted	..	...	...	...	82	6	...	...	...	3	22	24	...	...	...	1	5	5	340	...	
					3·23	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1		1
					8·08	Invalided	...	...	..	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	5	...	

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on
61	5th Punjab Cavalry, Dera Ismail Khan, November, 1898, from Dera Ghazi Khan.	611	500	18·2	14	1,054·0	Admitted	15	...	...	...	224	14	...	1	1	12	25	32	3	...	1	...	4	8	527	.
						27·82	Died	...	...	...	...	1	2	...	...	...	5	...	...	...	...	...	...	...	1	13	
						6·55	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	.
62	2nd Bengal Infantry, Dera Ismail Khan, December, 1899, from Agra.	892	765	15·8	10	487·6	Admitted	...	...	...	...	170	12	...	...	1	15	7	22	...	...	...	...	14	...	373	.
						6·73	Died	...	...	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	5	
						2·24	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	.
63	11th Bengal Infantry, Miran Shah, March, 1899, from Lucknow.	732	621	35·0	47	1,682·8	Admitted	...	...	...	...	817	2	...	...	2	21	23	39	11	...	2	...	16	...	1,045	.
						16·39	Died	...	...	...	...	2	...	...	...	1	7	...	...	...	...	...	...	...	...	10	
						4·10	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	.
64	14th Sikh Infantry, Nowshera, April, 1898, from Tochi Valley.	879	746	7·3	2	237·3	Admitted	1	...	...	...	29	41	...	...	...	1	2	4	2	...	...	...	8	4	177	.
						3·41	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
						1·14	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	.
65	15th Sikh Infantry, Ferozepore, February, 1898, from Tirah Field Force.	899	729	12·4	8	598·1	Admitted	..	...	...	...	213	2	...	...	...	3	7	23	2	1	...	...	16	6	436	.
						4·45	Died	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	
						1·11	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	.
66	19th Punjab Infantry, Sialkot, April, 1899, from Malakand.	676	534	7·8	16	310·9	Admitted	...	...	...	...	27	13	1	...	2	10	6	1	1	...	...	...	6	5	166	.
						16·27	Died	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.
67	21st Punjab Infantry, Peshawar, November, 1899, from Malakand.	277	249	9·2	20	899·6	Admitted	...	...	2	...	90	3	...	...	1	8	3	7	2	...	...	...	6	12	224	.
						21·66	Died	...	...	...	..	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	
						3·61	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	.
68	22nd Punjab Infantry, Jhelum, March, 1899, from Kohat-Kurram Force.	731	564	6·5	8	292·6	Admitted	...	...	...	...	34	7	...	...	1	12	9	4	4	...	...	...	8	2	165	.
						12·31	Died	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	4	
						13·68	Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	1	...	10	.
69	23rd Pioneers, Meean Meer, March, 1899, from Umballa.	888	761	10·3	12	411·3	Admitted	...	3	...	...	74	6	...	1	3	7	10	16	4	...	1	2	3	8	313	.
						5·63	Died	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	3	
						14·64	Invalided	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	1	8	13	.
70	24th Punjab Infantry, Rawalpindi, November, 1899, from Peshawar.	911	748	18·8	24	824·9	Admitted	...	...	1	...	229	48	...	...	...	25	17	35	5	...	...	1	7	7	617	.
						16·47	Died	...	...	...	...	...	2	...	...	...	9	...	...	...	...	...	...	...	...	11	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.
71	25th Punjab Infantry, Rawalpindi, December, 1897, from Tochi Field Force.	792	620	13·0	18	558·1	Admitted	...	...	...	1	116	31	...	...	4	14	20	25	14	...	...	...	19	6	346	.
						10·10	Died	...	...	...	...	...	2	...	...	...	4	1	...	...	...	...	...	...	...	7	
						3·79	Invalided	...	...	...	...	...	...	...	...	2	...	...	...	...		...	...	1	...	3	.
72	26th Punjab Infantry, Jullundur, March, 1898, from Peshawar.	893	720	12·4	14	401·4	Admitted	...	...	...	...	72	2	1	...	6	8	14	13	...	...	...	...	31	4	289	.
						14·56	Died	...	...	...	...	...	1	...	...	1	3	1	...	...	...	...	...	...	...	6	
						10·08	Invalided	...	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	2	1	9	.
73	27th Punjab Infantry, Edwardesabad, November 1899, from Peshawar.	893	762	16·6	29	841·2	Admitted	...	...	3	...	195	72	...	1	1	38	62	30	1	...	...	1	10	5	641	.
						21·28	Died	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...	...	...	...	13	
						5·60	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	5	.
74	28th Punjab Infantry, Wana, November, 1899, from Ferozepore.	888	770	18·2	20	700·0	Admitted	...	...	...	...	282	19	1	...	1	4	19	21	4	...	...	...	16	3	539	.
						18·02	Died	...	...	...	...	...	6	...	...	...	3	1	1	...	...	...	...	...	1	12	
						4·50	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	.
75	29th Punjab Infantry, Peshawar, November, 1899, from Chitral.	313	251	6·7	23	677·3	Admitted	...	...	...	...	39	26	...	...	...	11	13	12	2	...	1	...	3	4	170	.
						25·56	Died	...	...	...	...	1	...	...	...	...	4	1	...	...	...	...	...	...	...	6	
						15·97	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	5	.
76	Depôt, 30th Punjab Infantry, Jhelum, February, 1899, from Peshawar.	196	145	2·7	9	434·5	Admitted	...	...	...	...	18	6	...	...	1	8	2	3	1	...	1	...	3	4	63	.
						20·41	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	
						10·20	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	.

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	All Causes.	Died absent. Invalided on account of old age.
7	31st Punjab Infantry, Sialkot, April, 1898, from Malakand.	901	768	18·5	27	480·5	Admitted	...	1	...	...	101	15	...	...	...	19	6	14	5	...	...	...	26	3	369	...
						14·43	Died .	...	1	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	7	6
						12·21	Invalided	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	2	11	...
8	32nd Pioneers, Jhelum, March, 1899, from Meean Meer.	728	607	9·0	13	367·4	Admitted	...	...	...	...	26	26	...	1	...	19	9	17	...	...	1	...	23	...	223	...
						9·62	Died .	...	...	...	...	...	2	...	1	...	2	...	...	...	...	...	...	...	...	7	...
						5·49	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	4	...
9	33rd Punjab Infantry, Ferozepore, December, 1899, from Kohat.	903	734	21·0	38	816·1	Admitted	...	...	1	1	185	10	1	1	2	21	61	32	8	...	...	4	2	10	599	...
						22·15	Died .	...	...	...	1	...	3	1	1	1	6	...	...	...	...	...	1	...	...	16	4
						2·21	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
0	34th Pioneers, Umballa, April, 1899, from Lundi Kotal.	726	571	10·0	13	352·0	Admitted	...	...	...	...	19	13	...	1	6	5	4	7	...	...	...	2	7	7	201	...
						6·89	Died .	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	3	2
						5·51	Invalided	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	4	...
1	35th Sikh Infantry, Datta Khel, March, 1899, from Peshawar.	905	841	22·3	24	1,407·8	Admitted	...	...	...	...	792	37	...	1	1	16	17	72	15	...	1	...	4	16	1,184	...
						16·57	Died .	...	...	...	...	...	4	...	...	...	8	...	...	...	...	...	...	...	...	12	3
						4·42	Invalided	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	1	1	4	...
2	36th Sikh Infantry, Rawalpindi, May, 1898, from Khyber Force.	887	760	20·1	11	578·9	Admitted	...	...	...	...	102	77	...	...	...	1	11	10	2	...	1	1	20	4	440	...
						11·27	Died .	...	...	...	...	3	4	...	...	...	1	...	...	...	...	...	...	...	...	8	2
						10·15	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	9	...
3	37th Dogras, Peshawar, March, 1899, from Idak.	908	720	26·7	35	1,420·8	Admitted	271	...	10	...	427	14	...	1	5	21	20	19	7	...	...	...	5	6	1,023	...
						16·52	Died .	...	...	1	...	...	2	...	...	1	4	...	...	...	...	...	...	...	...	9	6
						3·30	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
4	Depôt, 38th Dogras, Ferozepore, June, 1899, from Nowshera.	168	150	20·7	6	506·7	Admitted	...	...	...	...	32	...	...	...	2	2	2	...	...	...	...	...	1	3	76	...
						29·76	Died .	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	4	1
						23·81	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	4	...
5	40th Pathan Infantry, Meean Meer, February, 1898, from Rawalpindi.	871	759	16·1	11	782·6	Admitted	8	12	...	...	141	10	...	...	...	32	9	58	3	...	...	3	59	25	594	...
						18·37	Died .	1	8	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	14	2
						10·33	Invalided	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4	...	9	...
6	45th Sikh Infantry, Mooltan, April, 1898, from Tirah Field Force.	899	762	16·5	18	566·9	Admitted	...	...	...	...	147	2	...	5	4	9	8	15	1	...	...	...	13	14	432	...
						12·24	Died .	...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	6	5
						8·90	Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	8	...
7	1st Punjab Infantry, Kohat, December, 1899, from Edwardesabad.	888	757	32·2	32	1,207·4	Admitted	...	...	1	3	371	69	...	...	6	28	13	28	2	...	...	4	6	14	914	...
						27·03	Died .	...	...	...	...	1	1	...	...	2	3	...	...	...	...	...	...	...	...	14	10
						15·77	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	4	14	...
8	2nd Punjab Infantry, Kohat, May, 1898, from Tirah Field Force.	869	703	19·8	23	916·1	Admitted	...	...	1	...	174	39	18	1	2	40	27	17	6	...	1	2	6	14	644	...
						23·01	Died .	...	...	...	...	...	2	1	...	...	10	...	...	...	...	...	...	...	...	14	6
						5·75	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	...
9	4th Punjab Infantry, Kohat, December, 1899, from Kohat-Kurram Force.	253	213	5·9	5	779·3	Admitted	...	...	...	...	69	2	...	...	...	9	10	9	3	...	...	...	1	1	166	...
						15·81	Died .	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	1	...	4	...
						3·95	Invalided	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
0	5th Punjab Infantry, Edwardesabad, December, 1899, from Wana.	889	751	79·5	85	2,209·1	Admitted	178	...	...	...	850	3	...	1	5	25	56	75	8	...	...	2	8	31	1,659	...
						24·75	Died .	...	...	...	...	4	...	...	...	...	12	...	...	...	...	...	...	..	...	16	6
						3·37	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...
1	6th Punjab Infantry, Dera Ghazi Khan, November, 1897, from Dera Ismail Khan.	586	519	11·5	10	616·6	Admitted	...	...	...	...	54	4	...	1	3	13	34	15	...	...	..	...	13	8	320	...
						13·65	Died .	...	...	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	6	2
						17·06	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	...
2	Wing, 6th Punjab Infantry, Kohat, December, 1899, from Khajuri Kach.	355	262	8·2	3	801·5	Admitted	...	...	...	...	31	3	...	...	1	14	22	35	8	...	2	...	3	6	210	...
						8·45	Died .	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	3	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	All Causes.
93	1st Sikh Infantry, Dera Ismail Khan, April, 1898, from Edwardesabad.	889	764	26·0	22	1,115·2	Admitted	4	...	...	...	371	4	...	...	...	20	30	95	5	...	...	2	8	18	852
						10·12	Died	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	6
						6·75	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
94	2nd Sikh Infantry, Idak, February, 1899, from Edwardesabad.	845	811	21·2	36	757·0	Admitted	...	...	...	2	220	43	5	...	3	26	44	35	2	...	...	...	7	6	622
						28·40	Died	...	...	...	...	...	3	...	...	...	8	1	...	...	...	...	...	...	...	20
						8·28	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	7
95	3rd Sikh Infantry, Kohat, December, 1896 from Dera Ismail Khan.	817	665	25·0	19	1,269·2	Admitted	...	...	...	...	404	21	4	...	1	17	41	32	9	...	1	4	7	13	844
						15·91	Died	...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	8
						9·79	Invalided	...	...	...	...	2	...	...	..	...	...	...	...	...	...	...	...	...	2	8
96	4th Sikh Infantry, Dera Ismail Khan, March, 1899, from Wana	890	733	2.·6	20	673·9	Admitted	...	...	...	...	104	6	...	1	4	21	30	16	4	...	1	3	6	13	494
						25·84	Died	...	...	...	...	...	1	...	...	...	7	1	...	...	...	...	...	...	...	11
						6·74	Invalided	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	4	6
97	Corps of Guides, Mardan (Local).	1345	1,107	21·0	37	430·9	Admitted	1	...	...	...	109	14	...	...	10	43	81	35	2	...	1	1	16	6	477
						24·54	Died	...	...	...	...	...	2	...	...	...	13	...	1	...	...	...	...	...	...	18
						7·43	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	6	10
98	1-1st Gurkha Rifles, Dharmsala, December, 1899, from Lundi Kotal.	511	456	11·8	13	592·1	Admitted	65	...	...	...	57	5	1	...	15	19	9	2	...	...	1	...	30	2	270
						25·44	Died	...	...	...	...	1	...	...	...	4	5	...	...	...	...	...	...	...	...	10
						9·78	Invalided	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	5
99	2-1st Gurkha Rifles, Dharmsala, June, 1898, from Khyber Force.	913	641	21·4	14	560·1	Admitted	25	...	...	...	98	14	...	...	11	16	11	4	...	...	...	...	59	...	359
						7·67	Died	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	4
						5·48	Invalided	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	5
100	1-4th Gurkha Rifles, Bakloh, June, 1898, from Kila Drosh.	899	791	26·8	13	628·3	Admitted	...	...	...	...	98	50	...	...	22	38	21	12	2	...	..	6	46	17	497
						18·91	Died	...	...	...	...	...	4	...	...	5	3	...	1	...	...	...	...	1	...	16
						22·25	Invalided	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	2	7	20
101	2-4th Gurkha Rifles, Bakloh, June, 1898, from Tirah Field Force.	887	771	25·7	14	732·8	Admitted	107	...	...	...	76	58	...	1	13	17	16	18	1	...	3	1	40	10	565
						11·27	Died	2	...	...	...	...	1	...	...	3	...	...	...	...	...	...	...	...	...	8
						4·51	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4
102	1-5th Gurkha Rifles, Abbottabad, February, 1898, from Kurram.	902	768	47·3	12	729·2	Admitted	...	...	...	...	56	18	1	...	11	13	27	18	1	...	1	3	98	7	560
						8·87	Died	...	...	...	...	1	1	...	...	5	...	...	...	...	...	...	...	...	...	8
						11·09	Invalided	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	10
103	2-5th Gurkha Rifles, Abbottabad, June, 1897, from Chitral.	341	330	121·5	13	815·2	Admitted	...	...	...	...	38	13	...	...	8	5	45	3	...	...	...	...	28	4	269
						23·46	Died	...	...	...	...	...	1	...	...	3	1	...	...	...	...	...	...	...	...	5
						5·87	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
104	No. 2 Derajat Mountain Battery, Edwardesabad, November, 1898, from Datta Khel.	248	206	8·0	13	1,296·1	Admitted	...	...	...	...	114	14	...	...	...	6	3	16	6	...	...	...	3	5	267
						4·03	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
						8·06	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
105	No. 3 Peshawar Mountain Battery, Abbottabad, April, 1898, from Edwardesabad.	254	153	2·9	5	398·7	Admitted	...	...	...	...	9	1	...	...	...	2	12	1	2	...	...	...	...	1	61
						3·94	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
106	No. 4 Hazara Mountain Battery, Kohat, December, 1899, from Datta Khel.	242	200	15·7	18	2,300·0	Admitted	20	...	...	...	268	7	...	1	...	4	9	29	8	...	...	2	1	5	460
						20·66	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2
						4·13	Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
107	No. 9 Native Mountain Battery, Abbottabad, raised in March 1899.	166	165	3·6	2	636·4	Admitted	...	...	...	...	19	3	...	...	...	4	2	9	...	...	...	...	1	...	105
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
108	Punjab Garrison Battery, Kohat (Local).	72	56	1·0	4	392·9	Admitted	...	...	...	...	9	...	...	...	...	2	...	...	...	...	...	...	...	...	22
						41·67	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on account of old age.	
09	No. 7 Bengal Mountain Battery, Datta Khel, December, 1899, from Kohat.	245	204	8·5	7	1,431·4	Admitted	...	...	...	...	88	7	2	...	1	13	19	19	7	...	...	1	5	6	292	...	
						28·57	Died	...	...	...	...	..	1	...	...	...	...	1	...	...	...	...	...	...	...	2	...	5
						16·33	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	
10	No. 6 Bombay Mountain Battery, Dera Ismail Khan, May, 1898, from Datta Khel.	233	205	6·6	10	718·4	Admitted	...	...	...	...	47	1	...	...	...	4	2	4	3	...	...	...	7	3	148	...	
						12·88	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	..	...	...	...	...	3	...	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
11	Drivers, No. 1 Mountain Battery, Royal Garrison Artillery, Peshawar, December, 1899, from Lundi Kotal.	163	25	·1	...	600·0	Admitted	...	...	...	...	6	...	...	...	...	1	1	1	...	...	...	...	2	...	15	...	
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
12	Drivers, No. 2 Mountain Battery, Royal Garrison Artillery, Rawalpindi, December, 1899, from Khyra Gully.	143	135	3·2	6	548·1	Admitted	...	...	...	...	13	7	...	...	...	...	7	2	...	...	...	...	8	2	74	...	
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
						69·93	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	10	...	
13	Drivers, No. 3 Mountain Battery, Royal Garrison Artillery, Rawalpindi, October, 1899, from Bara Gully.	118	112	1·0	...	250·0	Admitted	...	...	...	...	10	...	...	1	...	3	1	...	...	...	...	...	1	1	28	...	
						8·47	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	
						8·47	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	
14	Drivers, No. 5 Mountain Battery, Royal Garrison Artillery, Rawalpindi, November, 1899, from Kalabagh.	149	131	2·9	...	511·5	Admitted	...	...	...	...	10	...	...	1	1	2	2	4	...	...	...	...	5	1	67	...	
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
						80·54	Invalided	...	...	...	...	...	...	...	4	1	...	...	...	...	...	...	...	...	2	12	...	
15	Drivers, No. 6 Mountain Battery, Royal Garrison Artillery, Umballa, November, 1899, from Jutogh.	147	134	5·2	15	880·6	Admitted	...	...	...	...	13	5	...	...	...	...	9	4	...	...	...	...	15	4	118	...	
						27·21	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	2	...	2
						20·41	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	
16	Governor's Body-Guard, Madras (Local).	71	69	1·8	8	391·3	Admitted	...	...	...	...	8	...	...	...	...	...	1	1	...	...	...	...	1	...	27	...	
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
17	1st Madras Lancers, Bellary, January, 1895, from Secunderabad.	592	570	18·8	21	1,105·3	Admitted	...	...	...	...	432	1	...	...	1	6	4	11	...	...	...	...	11	4	630	...	
						8·45	Died	...	...	...	...	...	1	...	...	1	3	...	...	...	...	...	...	...	...	5	...	
						5·07	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	
18	2nd Madras Lancers, Bangalore, February, 1892, from Secunderabad.	585	544	26·6	35	777·6	Admitted	...	...	...	...	48	...	1	6	1	2	12	10	...	1	6	...	17	19	423	...	
						5·13	Died	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2		1
						32·48	Invalided	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	8	19	...	
19	3rd Madras Lancers, Secunderabad, November, 1894, from Bellary.	597	568	6·7	8	262·3	Admitted	..	...	...	...	22	1	2	1	...	7	6	9	...	...	...	1	9	...	149	...	
						1·68	Died	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	
						6·70	Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	4	...	
20	Madras Sappers and Miners, Bangalore (Local).	1,542	1177	32·5	41	613·4	Admitted	5	...	...	...	134	3	11	4	...	7	·50	16	4	...	2	...	94	22	722	...	
						9·08	Died	...	...	...	...	...	...	...	...	1	2	1	...	...	...	1	...	2	...	9		5
						11·67	Invalided	...	...	...	...	...	...	...	3	...	...	4	...	...	...	...	...	3	3	18	...	
21	1st Madras Pioneers, Bangalore, May, 1896, from Myingyan.	777	765	34·3	37	890·2	Admitted	...	...	...	1	321	...	13	1	...	14	32	29	1	1	5	...	32	42	681	...	
						7·72	Died	...	...	...	...	...	...	...	...	...	3	1	1	...	...	...	...	...	...	6	...	
						25·74	Invalided	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	8	20	...	

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	All Causes.	Died absent. Invalided on
122	3rd Madras Infantry, Secunderabad, February, 1897, from Myingyan.	796	753	15·3	13	888·4	Admitted	6	...	...	...	450	6	...	3	4	11	12	31	...	...	...	...	21	2	669	...
						15·08	Died	1	1	...	...	1	1	...	...	1	5	1	...	...	...	...	...	...	...	12	...
						6·28	Invalided	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	1	...	5	...
123	4th Madras Infantry, Trichinopoly, October, 1898, from Ootacamund.	801	772	14·6	27	488·3	Admitted	...	12	...	...	120	1	2	...	2	5	9	15	6	1	1	...	50	2	377	...
						19·97	Died	...	7	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	11	5
						6·24	Invalided	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	1	...	5	...
124	7th Madras Infantry, Rangoon, November, 1898, from Kamptee.	817	817	28·2	43	941·2	Admitted	...	...	1	...	165	22	29	8	3	6	13	67	1	...	1	...	68	15	769	...
						15·91	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	7	6
						12·24	Invalided	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1	...	10	...
125	8th Madras Infantry, Rangoon, November 1899, from Barrackpore.	793	740	23·4	23	1,278·4	Admitted	...	...	...	...	570	5	...	5	..	3	34	42	9	...	1	1	41	16	946	...
						31·53	Died	...	...	...	...	4	...	...	2	...	1	...	5	...	...	...	...	...	1	15	1
						27·74	Invalided	...	...	...	...	10	...	...	1	...	...	2	...	...	...	...	...	...	6	22	...
126	9th Madras Infantry, Bellary, November, 1895, from Thayetmyo.	809	767	31·0	33	692·3	Admitted	...	...	...	...	277	20	...	3	2	12	14	7	2	...	...	1	38	5	531	...
						21·01	Died	...	...	...	...	2	7	...	1	...	4	...	...	...	...	...	...	...	...	16	1
						7·42	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6	...
127	1st Burma Rifles (10th Madras Infantry), Maymyo, June, 1899, from Fort Dufferin.	813	750	41·8	13	989·3	Admitted	...	1	...	...	297	2	...	2	9	10	43	17	7	...	1	...	124	18	742	...
						24·60	Died	...	...	...	...	3	1	...	1	2	4	3	...	...	...	...	...	...	2	18	2
						7·38	Invalided	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	1	...	6	...
128	11th Madras Infantry, Secunderabad, March, 1895, from Vizianagram.	819	772	20·0	23	715·0	Admitted	8	...	...	...	238	1	...	5	1	...	5	...	...	...	3	...	55	17	552	...
						7·33	Died	1	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	3	3
						29·30	Invalided	...	...	...	...	...	...	...	1	...	...	3	...	...	...	...	...	2	12	24	...
129	2nd Burma Battalion (12 Madras Infantry), Fort Stedman, December, 1899, from Bhamo.	901	625	17·0	11	764·8	Admitted	...	...	...	...	190	...	...	3	4	2	32	38	36	...	2	...	18	22	478	...
						14·43	Died	...	...	...	...	2	...	...	...	...	1	...	...	2	...	...	...	...	...	7	6
						5·55	Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	5	...
130	14th Madras Infantry, St. Thomas' Mount, October, 1896, from Madras.	820	792	19·8	40	431·8	Admitted	...	2	...	...	21	1	34	1	1	2	13	10	1	...	1	...	50	42	342	...
						8·54	Died	...	2	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	7	...
						46·34	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	6	26	38	...
131	15th Madras Infantry, Belgam, November, 1899, from Rangoon.	768	758	19·4	45	651·7	Admitted	...	...	...	...	130	2	1	14	3	4	17	52	...	...	...	...	39	24	494	...
						7·81	Died	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	5	1
						31·25	Invalided	...	...	...	...	1	...	...	2	...	...	4	...	...	...	...	...	...	6	24	...
132	16th Madras Infantry, Berhampur, December, 1898, from Rangoon.	465	450	15·9	23	586·7	Admitted	...	...	...	...	50	2	5	...	2	2	8	5	1	...	...	...	34	17	264	...
						12·90	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	4
						51·61	Invalided	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	15	24	...
133	17th Madras Infantry, Bangalore, January, 1897, from Rangoon.	822	689	15·1	33	342·5	Admitted	...	...	...	...	46	1	...	6	1	1	9	8	6	...	1	...	30	26	236	...
						3·65	Died	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...
						17·03	Invalided	...	...	...	...	1	...	...	2	...	...	3	...	...	...	...	...	1	2	14	...
134	19th Madras Infantry, Quilon, December, 1898, from Secunderabad.	841	786	10·5	15	338·4	Admitted	...	...	...	...	49	1	2	1	6	4	6	11	...	...	...	...	23	1	266	...
						7·13	Died	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	4	2
						10·70	Invalided	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	3	9	...
135	20th Madras Infantry, Cannanore, October, 1898, from Miran Shah.	857	693	29·0	62	884·6	Admitted	...	...	...	...	122	11	14	...	...	4	19	5	2	...	...	...	61	24	613	...
						12·84	Died	...	...	...	...	...	2	...	1	...	2	...	...	...	...	...	...	...	...	7	4
						35·01	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	21	30	...

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on account of old age.
36	21st Madras Pioneers, Belgam, April, 1898, from Tirah Field Force.	746	706	24·3	16	539·7	Admitted	...	...	...	...	25	4	1	5	1	9	8	5	2	...	3	...	87	9	381	...
						28·15	Died	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	1	18	3
						18·77	Invalided	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	6	...	14	...
37	23rd Madras Infantry, Secunderabad, January, 1898, from Trichinopoly.	804	776	10·0	6	399·5	Admitted	55	...	...	...	36	1	3	...	...	1	6	34	...	...	1	...	42	5	310	...
						9·95	Died	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	8	...
						4·98	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...
38	24th Madras Infantry, Secunderabad, January, 1899, from Quilon.	829	750	19·3	18	509·3	Admitted	3	...	...	...	66	4	2	11	3	2	6	21	2	...	...	...	55	11	382	...
						4·83	Died	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	2	...
						16·89	Invalided	...	...	...	...	...	...	...	2	1	...	1	1	1	...	...	...	1	2	14	2
39	25th Madras Infantry, Cannanore, April, 1895, from Madras.	770	726	20·8	43	657·0	Admitted	...	...	...	...	66	10	2	...	...	2	20	11	14	...	3	...	32	10	477	...
						7·79	Died	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	...	...	...	4	2
						32·47	Invalided	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	6	8	25	...
40	26th Madras Infantry, Vizianagram, November, 1899, from Belgam.	791	768	16·7	10	524·7	Admitted	...	...	...	...	27	1	9	...	...	3	7	18	...	...	...	...	40	4	403	...
						15·17	Died	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	11	1
						10·11	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	8	...
41	27th Madras Infantry, Trichinopoly, January, 1898, from Moulmein.	806	772	8·5	19	257·8	Admitted	...	1	...	...	61	1	5	1	...	...	6	10	1	...	2	...	5	6	199	...
						3·72	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
						7·44	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	6	...
42	28th Madras Infantry, Madras, December, 1896, from Quilon.	814	776	22·7	25	465·2	Admitted	...	...	...	...	15	...	59	...	1	3	9	4	...	...	1	...	59	26	361	...
						2·46	Died	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
						28·26	Invalided	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	3	13	23	...
43	7th Burma Battalion (29th Madras Infantry), Bhamo, December, 1899, from Fort Stedman.	808	694	35·4	51	1,641·2	Admitted	1	...	...	...	685	13	...	..	...	1	38	46	11	...	1	...	19	12	1,139	...
						17·33	Died	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	6	8
						2·48	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	2	...
144	5th Burma Battalion (30th Madras Infantry), Fort Dufferin, December, 1897, from Myingyan.	835	723	11·5	8	428·8	Admitted	...	...	1	...	94	11	...	...	1	1	22	13	1	...	...	...	10	6	310	...
						7·19	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	4	2
						3·59	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	...
145	6th Burma Battalion (31st Madras Infantry), Fort Dufferin, October, 1899, from Meiktila.	813	711	13·1	18	474·0	Admitted	10	...	...	...	157	8	...	1	2	...	19	5	2	...	1	...	25	6	337	...
						4·92	Died	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
						9·84	Invalided	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	8	...
146	4th Burma Battalion (32nd Madras Infantry), Meiktila, November 1899, from Fort Dufferin.	842	752	11·1	5	317·8	Admitted	...	...	...	...	69	1	...	1	...	3	17	10	2	...	...	...	15	9	239	...
						10·69	Died	...	...	...	...	1	...	...	1	...	1	1	...	...	...	...	...	...	...	5	4
						1·19	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
147	3rd Burma Battalion (33rd Madras Infantry), Keng Tung, January, 1898, from Fort Dufferin.	940	861	41·3	82	1,422·8	Admitted	...	...	...	...	829	17	...	1	...	3	26	22	8	...	...	...	11	10	1,225	...
						26·60	Died	...	...	...	...	6	1	...	1	...	2	...	...	...	...	...	...	...	...	15	10
						10·64	Invalided	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	5	2	10	...

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Serial No.	Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on
148	No. 8 Bengal Mountain Battery, Bhamo, January, 1899, from Kohat.	221	179	5·9	5	1,385·5	Admitted	...	...	...	...	113	...	...	...	1	3	18	20	6	...	1	...	5	1	248	...
						4·52	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
149	Drivers. No. 9 Mountain Battery, Royal Garrison Artillery, Fort Dufferin, December, 1898, from Darjeeling.	146	135	5·6	5	1,066·7	Admitted	...	...	...	...	30	...	...	1	...	...	4	2	...	...	...	...	1	7	144	...
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						13·70	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...
150	Governor's Body-Guard, Poona (Local).	66	60	1·0	...	1,133·3	Admitted	...	...	...	...	44	...	...	...	...	...	6	5	...	...	...	...	...	1	68	...
						15·15	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
151	1st Bombay Lancers, Poona, March, 1898, from Neemuch.	607	542	25·0	7	1,385·6	Admitted	...	...	...	...	260	19	5	...	1	3	1	58	13	...	2	1	14	4	751	...
						13·18	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
						13·18	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...
152	2nd Bombay Lancers, Deesa, March, 1898, from Poona.	599	528	12·4	16	640·2	Admitted	...	...	...	...	98	3	...	3	...	2	7	14	4	...	...	8	19	3	338	...
						10·02	Died	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	1	...	...	5	...
						5·01	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...
153	3rd Bombay Cavalry, Neemuch, March, 1898, from Deesa.	617	547	8·2	7	524·7	Admitted	...	...	1	...	75	3	18	...	...	5	5	19	15	...	2	1	2	2	287	...
						1·62	Died	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
						27·55	Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	3	17	...
154	4th Bombay Cavalry, Poona, November, 1899, from Sirur.	610	536	8·0	10	382·5	Admitted	...	...	...	1	58	...	...	...	...	5	2	23	3	...	...	1	15	2	205	...
						11·48	Died	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	1	6	...
						8·20	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	5	...
155	5th Bombay Cavalry, Fort Sandeman, March, 1898, from Quetta.	596	518	22·5	21	1,314·7	Admitted	...	...	...	...	272	8	1	...	...	37	31	50	14	...	...	4	11	9	681	...
						35·23	Died	...	...	...	...	...	...	...	...	...	15	...	1	...	...	...	...	...	...	19	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
156	6th Bombay Cavalry, Quetta, March, 1898, from Jacobabad.	613	548	12·7	10	686·1	Admitted	...	...	...	...	145	1	...	...	2	17	13	5	1	...	...	1	16	11	376	...
						19·58	Died	...	...	...	...	...	...	...	...	1	4	1	...	...	...	...	...	...	...	6	...
						3·26	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	...
157	7th Bombay Lancers, Jacobabad, April, 1898, from Fort Sandeman.	605	521	22·4	30	656·4	Admitted	...	...	...	...	67	1	...	...	1	26	13	7	...	...	...	...	7	14	342	...
						18·18	Died	...	...	...	...	...	...	...	...	1	3	2	...	...	...	...	...	...	...	9	
						18·18	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	11	...
158	19th Bengal Lancers, Loralai, March, 1898, from Meean Meer.	605	521	14·3	30	790·8	Admitted	...	...	...	...	115	6	...	2	...	25	23	46	14	...	4	...	1	21	412	...
						28·10	Died	...	...	...	...	...	...	...	1	...	9	1	...	1	...	...	...	...	...	13	
						3·31	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...
159	Aden Troop, Khormaksar (Local).	100	89	1·1	4	786·5	Admitted	...	...	...	...	22	1	9	...	...	...	6	9	...	...	...	1	...	2	70	...
						...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
160	Bombay Sappers and Miners, Kirkee (Local).	876	802	16·4	19	783·0	Admitted	19	...	...	...	252	1	2	2	2	10	39	44	6	...	2	4	25	13	628	...
						4·57	Died	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	
						50·23	Invalided	...	...	...	...	8	...	...	2	...	...	3	...	...	...	...	...	3	10	44	...
161	1st Bombay Infantry, Bhuj, May, 1899, from Kurrachi.	794	720	18·8	12	577·8	Admitted	4	...	...	...	85	5	2	1	1	10	6	25	3	...	...	10	20	6	416	...
						8·82	Died	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	5	
						49·12	Invalided	...	...	...	...	...	...	...	2	...	...	3	1	...	...	...	...	...	18	39	...
162	2nd Bombay Infantry, Bombay, February, 1899, from Poona.	793	727	19·7	19	869·3	Admitted	2	...	...	1	134	2	3	...	3	5	42	150	68	...	1	5	46	18	632	...
						6·31	Died	...	...	...	1	...	1	...	...	...	1	...	2	...	...	...	...	...	...	5	...
						17·65	Invalided	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	2	3	14	...
163	3rd Bombay Infantry, Poona, January, 1899, from Malakand.	775	681	23·5	5	863·4	Admitted	...	...	...	...	133	...	10	3	1	17	33	30	14	...	1	12	40	19	588	...
						23·23	Died	...	...	...	...	...	...	2	...	...	5	2	...	1	...	...	...	...	...	16	
						1·29	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...

1	2 Regiments, Stations, Last Move.	3 Number borne on the rolls.	4 Average strength present.	5 Average number constantly sick.	6 Sent on sick leave.	7 Ratio per 1,000.	8 Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	9 Influenza.	10 Cholera.	11 Small-pox.	12 Enteric Fever.	13 Intermittent Fever	14 Remittent Fever.	15 Simple Continued Fever.	16 Circulatory Diseases.	17 Tubercle of the lungs.	18 Pneumonia.	19 Other Respiratory Diseases.	20 Dysentery.	21 Diarrhœa.	22 Hepatic Abscess.	23 Hepatic Congestion and Inflammation.	24 Scurvy.	25 Venereal Diseases.	26 Anæmia and Debility.	27 ALL CAUSES.	28 Died absent. Invalided on account of old age.
4	4th Bombay Rifles, Mhow, December, 1898, from Mombasa Field Force and Ahmedabad.	793	639	13·8	8	611·9	Admitted	...	...	...	...	151	6	2	1	...	5	15	14	6	...	1	...	33	3	391	...
						6·31	Died	...	...	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	...	4	1
						13·87	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	1	11	...
5	5th Bombay Infantry, Rajkot, July, 1897, from Ahmedabad.	518	468	14·3	7	794·9	Admitted	...	...	...	...	155	4	...	...	3	3	18	8	4	...	4	3	39	4	372	...
						13·51	Died	...	...	...	...	...	2	...	...	1	1	...	...	...	...	...	...	...	...	5	2
						11·58	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	6	...
5	Wing, 5th Bombay Infantry, Ahmedabad, January, 1899, from Rajkot.	284	239	6·3	2	769·9	Admitted	...	...	2	...	87	3	1	...	1	3	15	1	5	...	...	...	12	1	184	...
						7·04	Died	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...
						10·56	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...
7	8th Bombay Infantry, Ahmednagar, February, 1899, from Baroda.	799	719	11·2	3	453·4	Admitted	2	...	1	...	116	9	8	2	...	2	9	11	2	...	...	...	7	4	326	...
						12·52	Died	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	10	...
						3·75	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	...
8	9th Bombay Infantry, Baroda, February, 1899, from Ahmednagar.	792	747	15·0	7	617·1	Admitted	...	...	...	...	204	18	19	2	2	9	5	32	2	...	1	3	18	4	461	...
						6·31	Died	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	3
						21·46	Invalided	...	...	...	...	...	...	...	4	1	...	1	...	...	...	...	1	1	5	17	...
9	10th Bombay Infantry, Aden, November, 1896, from Satara.	795	740	21·7	27	804·1	Admitted	...	...	...	...	253	11	22	3	3	...	28	22	2	...	1	17	41	12	595	...
						8·81	Died	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	4	3
						8·81	Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	7	...
0	13th Bombay Infantry, Deesa, April, 1898, from Ferozepore.	785	713	11·7	13	454·4	Admitted	...	...	...	...	93	1	...	...	...	8	3	45	15	...	...	4	15	1	324	...
						14·01	Died	...	...	...	...	...	...	...	...	...	3	1	1	...	...	...	...	1	...	7	4
						8·92	Invalided	...	...	...	..	...	...	...	5	...	...	1	...	...	...	...	...	...	...	7	...
1	14th Bombay Infantry, Poona, June, 1898, from Bareilly.	787	697	15·9	5	553·8	Admitted	...	...	...	...	119	18	5	2	1	6	8	15	8	...	...	...	26	9	386	...
						10·17	Died	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	6	2
						13·98	Invalided	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	5	11	...
2	16th Bombay Infantry, Poona, March, 1899, from Peshin.	786	680	14·8	6	679·4	Admitted	...	...	...	...	147	1	...	1	1	19	36	12	12	...	2	1	31	2	462	...
						10·18	Died	...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	6	2
						22·90	Invalided	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	1	7	18	...
3	17th Bombay Infantry, Peshin, October, 1899, from Fort Sandeman	762	736	30·3	25	937·5	Admitted	..	...	...	...	247	7	2	...	6	40	45	32	2	...	3	9	8	5	690	...
						38·06	Died	...	...	...	...	1	1	...	...	1	20	...	1	1	...	...	...	...	...	27	2
						32·81	Invalided	...	...	...	...	...	...	...	2	...	...	3	...	...	...	...	...	...	10	25	...
4	19th Bombay Infantry, Hyderabad, March, 1899, from Poona.	825	702	4·0	21	525·6	Admitted	...	...	...	...	114	7	3	4	2	7	9	23	6	...	2	3	35	6	369	...
						8·48	Died	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	5
						15·76	Invalided	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	13	...
5	21st Bombay Infantry, Bombay (Local).	805	749	24·7	17	1,088·1	Admitted	2	1	...	...	314	26	...	3	1	20	35	84	22	...	3	5	35	9	815	...
						13·66	Died	...	...	...	...	2	1	...	...	...	2	...	2	...	...	...	...	...	...	8	3
						17·39	Invalided	...	...	...	...	...	...	...	1	...	...	3	...	1	...	...	...	...	...	14	...
6	22nd Bombay Infantry, Quetta, October, 1898, from Peshin.	779	725	36·3	36	757·2	Admitted	...	...	...	..	132	6	1	...	2	32	30	33	6	...	...	4	25	27	·549	...
						19·26	Died	...	...	...	...	...	2	...	...	...	4	2	...	...	...	...	...	...	...	8	7
						55·20	Invalided	...	...	...	...	6	...	...	1	...	...	...	2	...	...	...	...	...	14	43	...
7	23rd Bombay Infantry, Fort Sandeman, October, 1899, from Shelabagh.	800	739	23·3	10	870·1	Admitted	...	...	...	...	130	3	...	11	...	22	23	38	21	...	15	2	26	5	643	...
						16·25	Died	...	...	...	...	...	1	...	2	...	3	...	...	3	...	...	...	1	...	11	2
						31·25	Invalided	...	...	...	...	...	...	...	4	...	...	...	...	...	...	1	2	2	6	25	...
8	24th Bombay Infantry, Loralai, April, 1899; from Quetta.	852	758	14·6	12	614·8	Admitted	...	...	...	...	151	10	...	...	3	9	7	80	15	...	5	4	14	10	466	...
						4·69	Died	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	3	1
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1 Serial No.	2 Regiments, Stations, Last Move.	3 Number borne on the rolls.	4 Average strength present.	5 Average number constantly sick.	6 Sent on sick leave.	7 Ratio per 1,000.	8 Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	9 Influenza.	10 Cholera.	11 Small-pox.	12 Enteric Fever.	13 Intermittent Fever.	14 Remittent Fever.	15 Simple Continued Fever.	16 Circulatory Diseases.	17 Tubercle of the lungs.	18 Pneumonia.	19 Other Respiratory Diseases.	20 Dysentery.	21 Diarrhœa.	22 Hepatic Abscess.	23 Hepatic Congestion and Inflammation.	24 Scurvy.	25 Venereal Diseases.	26 Anæmia and Debility.	27 All Causes.
179	25th Bombay Infantry, Nasirabad, March, 1899, from Bombay.	806	716	23·5	19	755·6	Admitted	...	...	...	...	185	9	5	...	3	20	29	33	19	...	1	5	44	15	541
						21·09	Died	...	...	...	...	...	1	1	...	...	4	1	...	...	...	...	1	...	1	12
						19·85	Invalided	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	...	3	3	16
180	26th Bombay Infantry, Quetta, April, 1899, from Loralai.	856	803	24·6	25	760·9	Admitted	...	...	...	1	124	2	2	1	...	30	34	29	2	...	4	2	55	22	611
						14·02	Died	...	...	...	1	1	...	...	...	...	8	...	...	...	...	...	...	...	1	11
						4·67	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4
181	1st Baluch Battalion (27th Bombay Infantry), Kurrachee, May, 1899, from Mombasa Field Force.	768	468	19·1	26	978·6	Admitted	...	1	...	...	222	4	...	...	5	8	22	18	3	...	...	...	59	9	458
						7·81	Died	...	...	...	...	...	3	...	...	...	1	...	...	...	...	...	...	...	...	5
						28·65	Invalided	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	3	3	22
182	28th Bombay Pioneers, Kirkee, April, 1898, from Tirah Field Force.	776	711	16·2	15	700·4	Admitted	...	...	...	...	199	1	...	...	...	7	15	22	3	...	...	...	15	3	498
						10·31	Died	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	6
						14·18	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	11
183	2nd Baluch Battalion (29th Bombay Infantry), Hyderabad, May, 1898, from Chaman.	870	294	16·3	10	605·4	Admitted	...	...	...	...	50	9	...	...	5	1	13	7	1	...	...	1	21	...	178
						2·30	Died	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
						9·20	Invalided	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1	8
184	3rd Baluch Battalion (30th Bombay Infantry), Chaman, April, 1898, from Kurrachee.	784	690	32·0	15	1,281·2	Admitted	...	...	...	...	159	1	...	2	1	2	94	13	9	...	...	31	52	11	884
						12·76	Died	...	...	...	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	4
						6·38	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	5
185	Malwa Bhil Corps, Sirdarpore (Local).	604	562	10·6	8	432·4	Admitted	...	...	...	...	51	14	...	...	...	15	17	2	2	...	1	...	7	6	243
						8·28	Died	...	...	...	...	...	1	...	...	...	3	...	1	...	...	...	...	...	...	5
						8·28	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5
186	Mewar Bhil Corps, Kherwara (Local).	711	661	9·5	9	340·4	Admitted	...	...	...	...	18	1	22	...	2	8	16	3	2	...	...	...	1	7	225
						7·03	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
187	Merwara Battalion, Ajmer (Local).	712	625	5·7	15	238·4	Admitted	...	...	...	...	29	2	1	...	1	9	4	4	3	...	...	1	20	...	149
						5·62	Died	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	2
						19·66	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	14
188	Deoli Irregular, Force, Deoli (Local).	817	692	8·2	4	430·6	Admitted	...	...	...	...	89	6	1	...	...	10	8	9	5	...	...	...	20	7	298
						6·12	Died	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	5
						4·90	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4
189	Erinpura Irregular Force, Erinpura (Local).	815	726	10·1	12	343·0	Admitted	...	...	1	...	30	2	1	...	12	22	14	17	4	...	...	...	11	1	249
						11·04	Died	...	...	...	...	...	...	...	...	1	2	...	1	...	...	...	...	1	...	8
						4·91	Invalided	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	4
190	13th Madras Infantry, Raipur, January, 1898, from Thayetmyo.	460	425	11·6	8	696·5	Admitted	...	...	...	...	93	...	...	...	...	6	1	30	...	...	...	...	48	...	296
						10·87	Died	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	5
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
191	Wing, 13th Madras Infantry, Sambalpur, January, 1898, from Thayetmyo.	410	362	9·2	11	671·3	Admitted	...	...	...	...	94	1	...	3	1	7	10	9	3	...	1	...	16	8	243
						17·07	Died	...	...	...	...	...	...	...	1	...	3	...	...	1	...	...	...	...	...	6
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
192	22nd Madras Infantry, Kamptee, February, 1899, from Berhampur and Cuttack.	822	737	12·7	9	598·4	Admitted	...	2	...	...	241	1	7	1	3	14	4	9	...	...	...	...	40	...	441
						14·60	Died	...	2	...	...	...	...	...	1	1	3	...	...	...	...	...	...	...	...	9
						4·87	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
193	Drivers, No. 7 Mountain Battery, Royal Garrison Artillery, Quetta, December, 1898, from Rawalpindi.	149	133	2·8	6	586·5	Admitted	...	...	...	...	7	...	...	...	1	7	5	5	...	...	...	1	5	1	78
						6·71	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
194	1st Lancers, Hyderabad Contingent, Mominabad, November, 1894, from Aurangabad.	498	446	10·8	8	780·3	Admitted	...	...	...	...	180	3	1	1	...	3	4	10	1	1	2	...	4	18	348
						2·01	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
						4·02	Invalided	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	2

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Regiments, Stations, Last Move.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.	Died absent. Invalided on account of old age.
2nd Lancers, Hyderabad Contingent, Bolarum, December, 1894, from Mominabad.	495	455	7·9	9	564·8	Admitted	30	...	...	...	57	11	1	...	...	4	13	19	7	...	1	9	13	1	257	...
					4·04	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...
					4·04	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...
3rd Lancers, Hyderabad Contingent, Aurangabad, January, 1895, from Hingoli.	496	446	9·0	9	583·0	Admitted	...	...	...	...	110	2	...	2	...	2	1	10	...	...	...	...	7	...	260	...
					10·08	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	3	2
					4·03	Invalided	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...
4th Lancers, Hyderabad Contingent, Hingoli, December, 1894, from Bolarum.	491	445	8·6	4	510·1	Admitted	...	...	...	...	67	5	3	...	...	2	4	4	1	...	...	...	11	3	227	...
					2·04	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
					4·07	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
1st Infantry, Hyderabad Contingent, Jalna, November, 1897, from Hingoli.	841	717	7·3	9	357·0	Admitted	...	...	...	...	138	39	...	1	2	3	3	4	...	...	1	...	8	...	256	...
					7·13	Died	...	...	...	...	...	1	...	...	...	3	...	...	...	...	...	...	...	...	5	1
					7·13	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	2	6	...
2nd Infantry, Hyderabad Contingent, Raichur, April, 1898, from Peshawar.	815	736	6·0	10	116·8	Admitted	...	..	...	...	15	2	...	1	...	...	5	5	...	...	...	...	5	9	86	...
					2·45	Died	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1
					3·68	Invalided	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	..	...	...	3	...
3rd Infantry, Hyderabad Contingent, Aurangabad, December, 1897, from Ellichpur.	815	733	11·4	9	446·1	Admitted	...	...	...	...	119	16	...	...	2	5	24	21	...	...	1	1	25	...	327	...
					7·36	Died	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	1	...	6	...
					3·68	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
4th Infantry, Hyderabad Contingent, Ellichpur, December, 1897, from Aurangabad	781	703	6·3	3	349·9	Admitted	10	...	...	...	92	4	1	...	1	11	9	13	1	...	...	...	27	2	246	...
					12·80	Died	2	...	...	...	1	1	...	...	...	5	...	1	...	...	...	...	...	...	10	...
					3·84	Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3	...
5th Infantry, Hyderabad Contingent, Bolarum, November, 1897, from Raichur.	829	756	7·8	10	309·5	Admitted	11	...	...	...	90	6	...	1	...	17	16	8	2	...	...	8	4	...	234	...
					9·65	Died	...	...	...	...	...	1	...	...	...	6	...	...	...	...	...	...	...	...	8	...
					2·41	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
6th Infantry, Hyderabad Contingent, Hingoli, November, 1897, from Jalna.	819	725	11·1	9	361·4	Admitted	...	...	...	...	79	6	15	4	...	7	9	4	1	...	...	2	20	3	262	...
					1·22	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
					7·33	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	2
No. 1 Field Battery, Hyderabad Contingent, Bolarum, December, 1894, from Aurangabad.	112	101	1·5	...	435·6	Admitted	2	...	...	...	6	...	...	...	...	3	5	1	1	...	...	...	...	...	44	...
					8·93	Died	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...
					...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. 2 Field Battery, Hyderabad Contingent, Aurangabad, January, 1895, from Bolarum.	111	100	2·3	1	630·0	Admitted	...	...	...	...	35	...	...	...	...	...	...	2	...	...	...	1	7	...	63	...
					...	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

A.—Sickness and Mortality.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Serial No.	Commands, Garrisons.	Number borne on the rolls.	Average strength present.	Average number constantly sick.	Sent on sick leave.	Ratio per 1,000.	Admission-rate is calculated on column 4; total death and invaliding rates on column 3.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Venereal Diseases.	Anæmia and Debility.	ALL CAUSES.
205	No. 3 Field Battery, Hyderabad Contingent, Hingoli, December, 1894, from Ellichpur.	129	101	2·1	3	554·5	Admitted	...	...	...	...	21	1	...	...	...	2	1	1	...	...	...	...	1	...	58
						15·50	Died	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2
						23·26	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
207	No. 4 Field Battery, Hyderabad Contingent, Ellichpur, December, 1894, from Hingoli.	106	94	4·0	6	1,648·9	Admitted	9	...	...	...	70	6	...	...	1	4	2	4	...	...	...	...	8	...	155
						47·17	Died	...	...	...	...	...	1	...	...	1	3	...	...	...	...	...	...	...	...	5
						9·43	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
1	BENGAL	31,794	27,580	791·1	714	702·1	Admitted	81	57	15	3	7,976	436	83	18	117	412	627	1,047	167	2	30	21	1,052	335	19,363
						12·49	Died	2	34	...	...	25	26	...	6	26	81	8	15	6	3	4	...	2	5	290
						12·67	Invalided	...	...	...	...	33	...	...	10	23	1	25	6	...	...	1	...	34	106	403
2	PUNJAB	42,596	35,132	1,016·0	1,150	751·6	Admitted	695	46	23	8	9,359	1,043	44	24	183	841	1,099	1,305	197	1	24	60	847	440	26,306
						14·67	Died	3	20	1	1	17	61	2	4	36	194	11	7	...	1	...	1	2	2	426
						7·63	Invalided	...	...	...	...	18	2	...	8	28	1	6	1	...	...	1	2	22	82	325
3	MADRAS	25,451	23,186	667·9	865	692·9	Admitted	88	16	2	1	5,973	151	195	84	49	133	545	605	125	3	37	3	1,222	440	16,066
						11·98	Died	4	11	...	...	24	20	...	12	7	35	9	8	3	1	2	...	4	7	217
						15·95	Invalided	...	...	...	...	20	1	...	22	10	2	26	1	1	...	...	...	49	142	406
4	BOMBAY	29,778	25,996	676·0	581	700·8	Admitted	29	4	5	3	5,764	233	152	46	70	513	799	1,145	339	...	56	144	995	317	18,219
						12·36	Died	1	2	1	2	9	23	3	7	12	114	13	10	7	...	...	4	3	4	280
						14·98	Invalided	...	...	...	...	18	...	...	31	9	...	25	3	1	...	3	5	26	112	446
5	HYDERABAD CONTINGENT.	7,338	6,558	96·1	90	430·5	Admitted	62	...	...	...	1,079	101	21	10	6	63	96	106	14	1	5	21	140	36	2,823
						6·95	Died	2	...	...	...	1	6	...	1	1	23	1	1	...	...	...	...	1	...	45
						4·77	Invalided	...	...	...	...	...	...	...	1	1	...	3	...	...	...	1	...	2	2	35
6	CHITRAL	1,607	1,607	19·3	...	490·4	Admitted	...	...	...	3	162	87	5	3	3	41	45	58	8	...	1	21	22	22	788
						16·80	Died	...	...	...	...	1	...	...	1	2	10	2	...	...	...	...	1	...	...	27
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	MALAKAND FORCE.	3,219	3,219	21·1	...	546·8	Admitted	...	...	...	...	619	59	1	3	7	65	112	161	30	...	2	11	31	54	1,760
						14·60	Died	...	...	...	...	8	5	...	...	2	26	1	1	...	...	...	...	...	1	47
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	KHYBER FORCE	1,980	1,980	15·7	...	740·9	Admitted	613	...	...	...	331	8	...	2	3	18	44	69	6	...	1	12	20	4	1,467
						4·55	Died	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	9
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	KOHAT-KURRAM FORCE.	1,981	1,981	25·2	...	815·2	Admitted	8	1	...	...	810	43	4	1	1	32	54	131	32	...	2	5	20	13	1,615
						10·10	Died	...	1	...	...	1	6	...	...	1	5	...	1	...	...	...	...	...	3	20
						...	Invalided	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10	1st Bengal Infantry, Mauritius, May 1898, from Jhansi.	780	780	60·1	48	2,271·8	Admitted	15	...	...	...	1,241	...	...	...	1	5	10	240	...	...	...	...	23	1	1,772
						8·97	Died	1	...	...	...	1	...	...	...	...	1	...	2	...	...	...	...	...	...	6
						3·85	Invalided	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3
	GRAND TOTAL	146,524	127,019	3,388·5	3,448	710·0	Admitted	1,591	124	45	18	33,314	2,160	505	191	440	2,135	3,435	4,867	918	7	158	298	4,372	1,662	90,179
						12·67	Died	13	68	2	3	87	147	5	31	87	495	45	45	16	5	6	6	12	22	1,367
						11·04	Invalided	...	...	...	...	89	3	...	72	71	4	87	11	2	...	6	7	133	444	1,618

N.B.—This table excludes statistics for periods of field service, as such statistics cannot be obtained by regiments.

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

B.—Race composition, and Location of detachments.

Serial No.	Corps and their Detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	Total.
1	Governor General's Body-Guard, Dehra Dun, with 8 men detached at Simla . .	11	36	...	...	...	13	60	...	31	...	30	61	...	...	...	121
2	1st Bengal Lancers, Lucknow . . .	4	...	...	...	...	5	9	81	15	...	520	616	...	...	...	625
3	3rd Bengal Cavalry, Meerut, with 34 men detached at Delhi	77	150	...	...	...	156	383	...	4	1	229	234	...	...	...	617
4	4th Bengal Cavalry, Saugor, with 106 men detached at Jubbulpore and Sutna .	6	143	3	...	...	152	304	...	23	2	293	318	...	...	...	622
5	5th Bengal Cavalry, Cawnpore . .	102	23	13	...	...	207	345	...	22	1	250	273	...	...	...	618
6	6th Bengal Cavalry, Nowgong . . .	52	232	18	...	...	155	457	...	15	1	148	164	...	...	...	621
7	7th Bengal Cavalry, Fyzabad, with 82 men detached at Alipore	68	78	73	...	...	225	444	...	...	...	172	172	...	...	...	616
8	8th Bengal Cavalry, Bareilly . . .	127	76	...	...	...	103	306	43	74	6	196	319	...	...	...	625
9	14th Bengal Lancers, Allahabad, with 20 men detached at Alipore	3	...	...	...	...	600	603	...	4	...	17	21	1	...	...	625
10	1st Central India Horse, Goona, with 25 men detached at Gwalior . . .	49	269	...	...	...	35	353	...	73	75	117	265	...	...	...	618
11	2nd Central India Horse, Agar, with 30 men detached at Indore	17	266	...	...	...	60	343	3	95	9	165	272	4	...	...	619
12	Head Quarters, Bengal Sappers and Miners, Roorkee, with 313 men detached at Rawalpindi and Peshawar . . .	126	463	4	10	...	193	796	...	400	94	125	619	2	...	...	1,417
13	Depôt, 1st Bengal Infantry, Jhansi . .	...	1	...	...	...	114	115	...	...	...	1	1	1	...	...	117
14	3rd Bengal Infantry, Shillong . . .	1	...	...	...	...	811	812	...	...	...	52	52	9	...	...	873
15	4th Bengal Infantry, Fort William, with 112 men detached at Dum-Dum and Agra .	805	12	...	1	...	20	838	...	...	...	57	57	9	...	...	904
16	5th Bengal Infantry, Bareilly, with 18 men detached at Alipore	1	2	...	1	...	13	17	...	7	...	858	865	8	...	...	890
17	6th Bengal Infantry, Doranda, with 44 men detached at Buxa	...	...	...	...	...	868	868	...	...	...	36	36	...	...	...	904
18	7th Bengal Infantry, Doranda . . .	463	2	...	...	...	14	479	...	...	...	50	50	4	...	...	533
19	Wing, 7th Bengal Infantry, Buxa . .	330	3	...	1	...	30	364	...	...	...	6	6	...	...	...	370
20	8th Bengal Infantry, Lucknow, with 44 men detached at Nowgong	780	10	4	...	...	80	874	...	8	...	30	38	...	...	...	912
21	9th Gurkha Rifles, Lansdowne, with 12 men detached at Naini Tal	...	...	...	823	42	8	873	8	3	...	...	11	15	...	...	899
22	10th Bengal Infantry, Silchar, with 27 men detached at Kalanaga	...	3	...	...	...	440	443	...	4	...	20	24	22	...	...	489
23	Wing, 10th Bengal Infantry, Dibrugarh, with 76 men detached at Sadiya . .	...	...	...	...	...	426	426	...	3	...	12	15	11	...	...	452
24	Depôt, 11th Bengal Infantry, Lucknow .	124	...	...	...	...	15	139	...	1	...	36	37	4	...	...	180
25	12th Bengal Infantry, Alipore, with 63 men detached at Dum-Dum	1	...	...	...	...	8	9	...	22	3	759	784	5	...	...	798
26	13th Bengal Infantry, Meerut, with 68 men detached at Fyzabad	772	26	23	...	...	33	854	...	31	...	23	54	3	...	...	911
27	16th Bengal Infantry, Cawnpore, with 127 men detached at Fatehgarh and Fyzabad.	825	32	1	...	...	11	869	...	4	...	25	29	5	...	...	903
28	17th Bengal Infantry, Benares . . .	...	...	...	...	...	8	8	...	34	...	839	873	16	...	...	897
29	18th Bengal Infantry, Dinapore, with 187 men detached at Gantak . . .	...	...	...	1	...	9	10	...	13	...	859	872	3	...	...	885
30	20th Punjab Infantry, Delhi, with 20 men detached at Meerut	...	236	233	...	...	...	469	...	8	424	1	433	...	...	...	902
31	39th Garhwal Rifles, Lansdowne . .	...	...	...	26	848	35	909	...	...	...	...	...	...	...	...	909
32	42nd Gurkha Rifles, Shillong, with 25 men detached at Odalguri and Subunkhota .	...	...	...	842	...	1	843	...	...	...	2	2	...	...	...	845
33	43rd Gurkha Rifles, Manipur, with 205 men detached at Gilgit	...	...	...	845	...	2	847	...	...	...	4	4	...	...	...	851
34	44th Gurkha Rifles, Kohima, with 198 men detached at Manipur	...	...	...	904	...	15	919	...	...	...	4	4	...	...	...	923
35	Bhopal Battalion, Sehore, with 69 men detached at Indore	175	183	86	...	...	231	675	...	19	...	194	213	8	...	...	896

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

B.—Race composition, and Location of detachments.

Serial No.	Corps and their Detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	Total.
36	2nd Madras Infantry, Barrackpore, with 66 men detached at Dum-Dum and Vizianagram	8	...	...	...	...	425	433	...	...	...	307	307	74	...	...	814
37	5th Madras Infantry, Nowgong	1	5	...	...	...	395	401	...	5	...	331	336	66	...	...	803
38	6th Madras Infantry, Jhansi	11	...	...	...	...	436	447	...	...	...	271	271	62	...	...	780
39	Wing, 16th Madras Infantry, Cuttack	11	...	...	...	...	291	302	...	...	...	33	33	35	...	...	370
40	7th Bombay Infantry, Jubbulpore	49	20	7	...	...	426	502	...	...	...	220	220	15	...	2	739
41	12th Bombay Infantry, Saugor	...	25	...	...	...	546	571	...	192	...	4	196	6	...	7	780
42	20th Bombay Infantry, Allahabad, with 39 men detached at Asirgarh and Indore	120	19	...	...	...	479	618	...	2	2	158	162	18	...	...	798
43	1-2nd Gurkha Rifles, Dehra Dun	...	...	...	884	...	...	884	...	...	...	...	...	...	...	...	884
44	2-2nd Gurkha Rifles, Dehra Dun	...	...	...	888	...	...	888	...	...	...	...	...	...	...	...	888
45	1-3rd Gurkha Rifles, Almora, with 160 men detached at Naini Tal and Ranikhet	...	...	...	876	...	5	881	...	...	...	...	...	...	...	...	881
46	2-3rd Gurkha Rifles, Lansdowne	...	...	...	904	...	2	906	...	...	...	...	...	...	...	...	906
47	Drivers, No. 8 Mountain Battery, Royal Garrison Artillery, Darjeeling	...	39	5	...	...	14	58	...	86	2	3	91	...	...	...	149
48	2nd Bengal Lancers, Jullundur, with 19 men detached at Usterzai	150	153	2	...	...	158	463	...	21	...	135	156	...	...	...	619
49	9th Bengal Lancers, Mooltan, with 44 men detached at Dera Ghazi Khan and Mangrota	...	229	68	...	...	13	310	...	231	78	5	314	...	...	...	624
50	10th Bengal Lancers, Nowshera	...	241	119	...	...	31	391	...	146	78	5	229	...	...	...	620
51	11th Bengal Lancers, Jhelum	1	303	135	...	...	12	451	...	101	67	4	172	...	...	...	623
52	12th Bengal Cavalry, Peshawar, with 50 men detached at Fort Jamrud	...	345	99	...	...	19	463	...	154	4	3	161	...	...	...	624
53	13th Bengal Lancers, Rawalpindi, with 14 men on escort duty	...	168	127	...	...	43	338	...	241	24	14	279	...	...	...	617
54	15th Bengal Lancers, Ferozepore	...	2	...	...	...	3	5	...	228	380	12	620	...	...	...	625
55	16th Bengal Cavalry, Umballa	1	307	154	...	...	147	609	...	8	...	3	11	...	...	...	620
56	17th Bengal Cavalry, Meean Meer	...	...	...	...	...	2	2	...	313	291	7	611	...	...	...	613
57	18th Bengal Lancers, Sialkot	...	140	...	...	...	7	147	...	469	1	7	477	...	...	...	624
58	1st Punjab Cavalry, Kohat, with 20 men detached at Bahadur Khel	...	199	73	...	...	29	301	...	20	87	212	319	...	...	...	620
59	2nd Punjab Cavalry, Edwardesabad, with 101 men detached at Datta Khel, Boya, Miran Shah, Idak, and Saidgi	...	...	...	...	...	305	305	...	118	114	88	320	...	...	...	625
60	3rd Punjab Cavalry, Kohat, with 26 men detached at Usterzai, Dera Ghazi Khan, and Mangrota	12	214	51	...	...	29	306	...	96	72	144	312	...	...	...	618
61	5th Punjab Cavalry, Dera Ismail Khan, with 259 men detached at Dera Ghazi Khan, Khajuri Kach, Sarwekai Jandola, Wana, Tank, Jatta, Draband, and Mangrota	5	224	70	...	...	10	309	...	148	76	88	312	...	...	...	621
62	2nd Bengal Infantry, Dera Ismail Khan, with 13 men detached at Sarwekai, Jandola, and Haidari Kach	761	...	...	...	...	83	844	...	...	1	38	39	18	...	...	901
63	11th Bengal Infantry, Miran Shah, with 149 men detached at Boya	653	...	...	...	...	44	697	2	1	...	14	17	1	...	...	715
64	14th Sikh Infantry, Nowshera, with 64 men detached at Cherat	...	882	...	...	...	2	884	...	4	...	...	4	2	...	...	890
65	15th Sikh Infantry, Ferozepore, with 132 men detached at Simla	...	845	...	5	...	15	865	...	6	...	7	13	4	...	...	882
66	19th Punjab Infantry, Sialkot	...	450	1	...	...	...	451	...	226	228	2	456	...	...	...	907
67	21st Punjab Infantry, Peshawar, with 117 men detached at Sialkot and Fort Jamrud	...	324	105	...	...	16	445	...	119	298	7	424	1	...	...	870
68	22nd Punjab Infantry, Jhelum	...	435	2	...	...	5	442	...	332	107	1	440	...	...	...	882
69	23rd Pioneers, Meean Meer, with 74 men detached at Jhelum and Amritsar	...	844	...	...	...	32	876	...	6	...	14	20	2	...	...	898

Serial No.	CORPS AND THEIR DETACHMENTS.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	TOTAL.
70	24th Punjab Infantry, Rawalpindi, with 78 men detached at Peshawar, Fort Attock, and Fort Jamrud	...	425	113	...	...	2	540	...	126	226	20	372	...	...	...	912
71	25th Punjab Infantry, Rawalpindi, with 50 men detached at Fort Attock . . .	...	337	193	...	...	27	557	...	234	103	7	344	3	...	...	904
72	26th Punjab Infantry, Jullundur, with 30 men detached at Ludhiana . . .	...	434	103	...	...	13	550	...	23	312	20	355	2	...	...	907
73	27th Punjab Infantry, Edwardesabad, with 80 men detached at Fort Jamrud, Khajuri Kach, Jhani Khel, and Tank . . .	...	319	103	...	...	38	460	...	223	108	114	445	...	...	...	905
74	28th Punjab Infantry, Wana, with 141 men detached at Dera Ismail Khan and Amritsar	...	334	114	...	...	1	449	...	134	324	...	458	...	...	...	907
75	29th Punjab Infantry, Peshawar, with 9 men detached at Fort Jamrud . . .	...	440	207	...	...	11	658	...	234	1	3	238	8	...	...	904
76	Depôt, 30th Punjab Infantry, Jhelum .	...	90	38	...	...	...	128	...	45	...	...	45	...	...	...	173
77	31st Punjab Infantry, Sialkot . . .	...	452	205	...	...	11	668	...	221	6	13	240	2	...	...	910
78	32nd Pioneers, Jhelum	...	880	...	2	...	1	883	...	...	...	7	7	...	...	...	890
79	33rd Punjab Infantry, Ferozepore, with 70 men detached at Edwardesabad and Bahadur Khel	...	1	...	...	...	...	1	...	880	...	3	883	...	...	...	884
80	34th Pioneers, Umballa, with 44 men detached at Jhelum	...	903	...	...	...	...	903	...	9	...	...	9	...	...	...	912
81	35th Sikh Infantry, Datta Khel, with 112 men detached at Edwardesabad . .	...	900	...	...	...	2	902	...	5	...	...	5	...	...	...	907
82	36th Sikh Infantry, Rawalpindi, with 62 men detached at Fort Attock and Murree .	...	870	1	...	...	3	874	...	14	...	...	14	...	...	...	888
83	37th Dogras, Peshawar, with 70 men detached at Sialkot, Miran Shah, Khajuri, and Saidgi	...	4	900	...	...	...	904	...	3	...	...	3	...	...	...	907
84	Depôt, 38th Dogras, Ferozepore . .	...	1	145	...	...	4	150	...	6	...	4	10	8	...	...	168
85	40th Pathan Infantry, Meean Meer, with 28 men detached at Dera Ghazi Khan and Mangrota	...	2	...	...	...	6	8	...	4	841	3	848	...	...	...	856
86	45th Sikh Infantry, Mooltan . . .	...	852	1	...	...	4	857	...	20	...	8	28	...	...	...	885
87	1st Punjab Infantry, Kohat, with 34 men detached at Jhani Khel and Latammar .	...	211	100	...	...	2	313	...	218	375	...	593	...	...	...	906
88	2nd Punjab Infantry, Kohat, with 26 men detached at Bahadur Khel and Sadda .	...	327	113	...	...	7	447	...	346	103	...	449	...	...	...	896
89	4th Punjab Infantry, Kohat, with 61 men detached at Sadda	1	226	207	...	...	10	444	...	237	201	3	441	...	...	...	885
90	5th Punjab Infantry, Edwardesabad, with 137 men detached at Dera Ismail Khan, Sarwekai and Jandola	...	327	103	...	...	15	445	...	148	299	1	448	...	...	...	893
91	6th Punjab Infantry, Dera Ghazi Khan, with 19 men detached at Mangrota . .	6	100	100	...	...	...	206	...	104	222	3	329	...	...	...	535
92	Wing 6th Punjab Infantry, Kohat, with 93 men detached at Tank, Jatta, and Draband	...	116	110	...	...	6	232	...	80	42	5	127	...	...	...	359
93	1st Sikh Infantry, Dera Ismail Khan, with 324 men detached at Sarwekai, Jandola, Tank, and Haidari Kach . . .	...	439	115	...	...	2	556	...	132	216	5	353	...	...	...	909
94	2nd Sikh Infantry, Idak, with 479 men detached at Edwardesabad, Saidgi, Khajuri, and Miran Shah . . .	...	219	336	...	...	...	555	...	228	113	2	343	...	...	...	898
95	3rd Sikh Infantry, Kohat, with 49 men detached at Edwardesabad and Jhani Khel .	...	443	108	...	...	3	554	...	116	217	11	344	...	...	...	898
96	4th Sikh Infantry, Dera Ismail Khan, with 33 men detached at Tank and on escort duty	...	429	108	...	...	4	541	...	220	103	1	324	...	...	...	865
97	Corps of Guides, Mardan	...	413	142	102	...	60	717	10	250	387	...	647	...	...	...	1,364
98	1-1st Gurkha Rifles, Dharmsala . . .	...	1	2	897	1	...	901	...	...	...	...	...	3	...	...	904
99	2-1st Gurkha Rifles, Dharmsala . . .	...	1	2	903	...	3	909	...	...	...	...	...	1	...	...	910
100	1-4th Gurkha Rifles, Bakloh . . .	...	1	3	883	...	...	887	...	...	...	1	1	...	...	...	888
101	2-4th Gurkha Rifles, Bakloh . . .	1	1	2	877	...	8	889	...	...	...	...	...	...	...	...	889

TABLE XXXIX—*continued.*

STATISTICS OF REGIMENTS.

B.—Race composition, and Location of detachments.

Serial No.	Corps and their Detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	Total.
102	1-5th Gurkha Rifles, Abbottabad	...	...	...	920	...	5	925	...	...	...	...	...	...	...	...	925
103	2-5th Gurkha Rifles, Abbottabad	...	...	...	912	...	4	916	...	...	...	1	1	...	...	...	917
104	No. 2 Derajat Mountain Battery, Edwardesabad, with 15 men detached at Wana	...	112	...	...	...	6	118	...	122	...	...	122	...	...	...	240
105	No. 3 Peshawar Mountain Battery, Abbottabad	...	119	1	...	...	3	123	...	132	...	...	132	...	...	...	255
106	No. 4 Hazara Mountain Battery, Kohat, with 62 men detached at Edwardesabad and Wana	...	124	...	...	...	2	126	...	124	...	1	125	...	...	...	251
107	No. 9 Native Mountain Battery, Abbottabad	...	123	...	...	...	1	124	...	128	...	...	128	...	...	...	252
108	Punjab Garrison Battery, Kohat	...	34	...	...	...	4	38	...	37	...	...	37	...	...	...	75
109	No. 7 Bengal Mountain Battery, Datta Khel, with 10 men detached at Wana	...	104	9	...	...	10	123	...	121	...	...	121	...	...	...	244
110	No. 6 Bombay Mountain Battery, Dera Ismail Khan	5	116	...	...	...	6	127	...	127	...	1	128	...	...	...	255
111	Drivers, No. 1 Mountain Battery, Royal Garrison Artillery, Peshawar	1	42	...	...	...	38	81	..	79	...	3	82	...	...	...	163
112	Drivers, No. 2 Mountain Battery, Royal Garrison Artillery, Rawalpindi	4	28	13	...	...	29	74	...	75	...	...	75	...	...	...	149
113	Drivers, No. 3 Mountain Battery, Royal Garrison Artillery, Rawalpindi	...	57	...	...	...	18	75	...	74	...	...	74	...	...	...	149
114	Drivers, No. 5 Mountain Battery, Royal Garrison Artillery, Rawalpindi	...	34	9	...	...	25	68	...	71	...	1	72	...	...	...	140
115	Drivers No. 6 Mountain Battery, Royal Garrison Artillery, Umballa	...	72	1	...	...	2	75	...	74	...	...	74	...	...	...	149
116	Governor's Body-Guard, Madras	3	...	...	...	...	4	7	...	...	5	56	61	5	...	...	73
117	1st Madras Lancers, Bellary, with 5 men detached at Madras	33	...	...	...	...	62	95	...	...	...	472	472	25	...	...	592
118	2nd Madras Lancers, Bangalore	44	...	...	...	...	91	135	...	...	...	419	419	23	...	...	577
119	3rd Madras Lancers, Secunderabad, with 21 men detached at Madras	44	...	...	...	...	40	84	...	1	76	401	478	26	...	...	588
120	Madras Sappers and Miners, Bangalore, with 448 men detached at Thayetmyo, Secunderabad, Fort Dufferin, and Myingyan	7	...	...	...	...	1,003	1,010	...	...	...	127	127	205	169	...	1,511
121	1st Madras Pioneers, Bangalore, with 24 men detached at Hosur	1	...	...	...	...	537	538	...	...	...	188	188	89	...	...	815
122	3rd Madras Infantry, Secunderabad	12	...	...	...	...	362	374	...	...	...	342	342	77	...	...	793
123	4th Madras Infantry, Trichinopoly, with 56 men detached at Madura and Ramesvaram	1	...	...	...	...	497	491	...	...	1	209	210	110	...	...	818
124	7th Madras Infantry, Rangoon, with 350 men detached at Port Blair and Kamptee	21	...	...	...	...	325	346	...	...	...	396	396	56	...	...	798
125	8th Madras Infantry, Rangoon, with 45 men detached at Port Blair and Bangalore	34	...	...	...	...	322	356	...	...	...	399	399	71	...	...	826
126	9th Madras Infantry, Bellary, with 51 men on plague duty	8	...	...	...	...	425	433	...	...	...	283	283	86	...	...	802
127	1st Burma Rifles (10th Madras Infantry), Maymyo	...	...	...	771	...	42	813	...	...	...	3	3	1	...	...	817
128	11th Madras Infantry, Secunderabad	14	...	...	...	...	455	469	...	...	...	268	268	73	...	...	810
129	2nd Burma Battalion (12th Madras Infantry), Fort Stedman, with 47 men detached at Bhamo and on escort duty	...	403	2	...	...	...	405	...	207	198	...	405	2	...	...	812
130	14th Madras Infantry, St. Thomas' Mount, with 18 men detached at Ootacamund and Vellore	5	...	...	...	...	503	508	...	...	...	221	221	85	...	...	814
131	15th Madras Infantry, Belgam	10	...	...	...	...	285	295	...	...	...	431	431	59	...	...	785
132	16th Madras Infantry, Berhampur	...	...	...	...	...	50	50	...	77	...	291	368	31	...	...	449
133	17th Madras Infantry, Bangalore	11	...	...	...	...	395	406	...	...	...	338	338	78	...	...	822
134	19th Madras Infantry, Quilon, with 204 men detached at Secunderabad, Trichoor, and Trivandrum	22	...	...	...	...	403	425	...	...	...	291	291	71	...	...	787
135	20th Madras Infantry, Cannanore	11	...	...	...	...	329	340	...	7	...	400	407	62	...	...	809

Serial No.	CORPS AND THEIR DETACHMENTS.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	TOTAL.
136	21st Madras Pioneers, Belgam	14	...	...	...	...	507	521	...	...	...	170	170	89	...	...	780
137	23rd Madras Infantry, Secunderabad	4	...	...	...	...	325	329	...	3	...	423	426	69	...	...	824
138	24th Madras Infantry, Secunderabad	6	...	...	...	...	319	325	...	...	...	391	391	87	...	...	803
139	25th Madras Infantry, Cannanore, with 25 men detached at Ootacamund	7	...	...	...	...	240	247	...	...	...	459	459	64	...	...	770
140	26th Madras Infantry, Vizianagram, with 70 men detached at Belgam	5	...	...	...	...	531	536	...	...	...	200	200	83	...	...	819
141	27th Madras Infantry, Trichinopoly, with 137 men detached at Ootacamund and on plague duty	23	...	...	...	...	494	517	...	...	...	244	244	68	...	...	829
142	28th Madras Infantry, Madras, with 140 men detached at Vellore and Pallavaram	45	...	...	...	...	380	425	...	...	...	332	332	74	...	...	831
143	7th Burma Battalion (29th Madras Infantry), Bhamo, with 255 men detached at Thamakan, Toungyi, Bampon, Loikaw, and Fort Stedman	89	298	...	1	...	99	487	...	300	5	...	305	23	...	...	815
144	5th Burma Battalion (30th Madras Infantry), Fort Dufferin	70	470	...	...	...	83	623	...	204	...	3	207	1	...	...	831
145	6th Burma Battalion (31st Madras Infantry), Fort Dufferin	8	197	194	...	3	42	444	...	304	...	47	351	33	...	...	828
146	4th Burma Battalion (32nd Madras Infantry), Meiktila, with 87 men detached at Fort Dufferin and Thabeitkyin	...	398	2	...	...	10	410	...	383	14	13	410	30	...	...	850
147	3rd Burma Battalion (33rd Madras Infantry), Keng Tung, with 268 men detached at Fort Stedman, Loikaw, Bampon, Thamakan, Toungyi, and with the China Boundary Commission	...	513	...	1	...	1	515	...	228	77	...	305	...	...	...	820
148	No. 8 Bengal Mountain Battery, Bhamo	...	95	17	...	...	...	112	...	109	...	...	109	...	...	...	221
149	Drivers, No. 9 Mountain Battery, Royal Garrison Artillery, Fort Dufferin	1	51	1	...	...	20	73	...	50	...	26	76	...	...	...	149
150	Governor's Body-Guard, Poona	...	29	...	...	...	4	33	...	...	...	34	34	...	...	...	67
151	1st Bombay Lancers, Poona	7	145	...	...	...	268	420	...	4	108	78	190	9	...	...	619
152	2nd Bombay Lancers, Deesa, with 141 men detached at Rajkot	119	143	...	...	...	75	337	...	1	...	270	271	1	...	...	609
153	3rd Bombay Cavalry, Neemuch, with 130 men detached at Nasirabad	25	166	...	...	...	163	354	...	2	1	262	265	2	...	...	621
154	4th Bombay Cavalry, Poona, with 13 men detached at Sirur	199	28	...	...	...	27	254	...	140	...	211	351	...	...	1	606
155	5th Bombay Cavalry, Fort Sandeman, with 153 men detached at Khan Mohamed Kot, Mir Ali Khel, and Musa Khel	3	144	...	...	...	5	152	...	11	154	290	455	...	...	...	607
156	6th Bombay Cavalry, Quetta, with 125 men detached at Peshin, Chaman, Chachazai, and Tokhi	...	152	...	...	...	6	158	...	296	122	35	453	...	...	...	611
157	7th Bombay Lancers, Jacobabad	...	153	...	...	...	...	153	...	109	121	224	454	...	...	...	607
158	19th Bengal Lancers, Loralai, with 123 men detached at Gumbaz, Murgha, and Sibi	...	223	76	1	...	8	308	...	171	130	13	314	...	...	...	622
159	Aden Troop, Khormaksar	14	...	...	...	...	...	14	...	8	...	78	86	...	...	...	100
160	Bombay Sappers and Miners, Kirkee, with 324 men detached at Quetta and Aden	70	12	1	...	...	346	429	...	47	...	41	88	...	...	1	518
161	1st Bombay Infantry, Bhuj, with 8 men detached at Chabbar and Jask	19	3	...	...	...	417	439	...	198	...	125	323	10	...	1	773
162	2nd Bombay Infantry, Bombay, with 71 men detached at Thana	...	8	...	...	...	559	567	...	205	...	2	207	15	...	3	792
163	3rd Bombay Infantry, Poona, with 157 men detached at Satara and Mahableshwar	29	3	...	...	...	595	627	142	...	...	2	144	12	...	5	788
164	4th Bombay Infantry, Mhow, with 82 men detached at Indore and Asirgarh	156	20	...	...	...	392	568	...	203	...	14	217	1	...	2	788
165	5th Bombay Infantry, Rajkot, with 74 men detached at Sadra and Dhansura	...	1	...	...	...	308	309	...	...	...	138	138	2	...	3	452
166	Wing 5th Bombay Infantry, Ahmedabad	...	6	...	...	...	328	334	...	...	...	6	6	3	...	...	343
167	8th Bombay Infantry, Ahmednagar, with 85 men detached at Malegaon	...	4	...	...	...	460	464	...	191	1	144	336	4	...	6	810

TABLE XXXIX—*concluded.*

STATISTICS OF REGIMENTS.

B.—Race composition, and Location of detachments.

Serial No.	Corps and their Detachments.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	Total.
168	9th Bombay Infantry, Baroda, with 50 men detached at Malegaon and South Rampur.	3	8	...	...	...	483	494	...	184	...	122	306	11	...	3	814
169	10th Bombay Infantry, Aden, with 166 men detached at Zaila, Perim, Bulhar, Sheikh Othman, Berbera, Poona, and Bombay .	1	9	...	...	...	571	581	...	6	...	171	177	7	...	5	770
170	13th Bombay Infantry, Deesa . . .	...	7	...	...	...	567	574	...	204	1	7	212	4	...	...	790
171	14th Bombay Infantry, Poona . . .	24	19	...	...	...	600	643	...	1	...	137	138	8	...	6	795
172	16th Bombay Infantry, Poona, with 27 men detached at Shelabagh and Spinwana .	38	4	...	...	...	627	669	...	3	...	112	115	10	...	1	795
173	17th Bombay Infantry, Peshin, with 85 men detached at Mir Ali Khel, Shelabagh, and Spinwana	16	8	...	...	...	627	651	...	3	...	111	114	11	...	2	778
174	19th Bombay Infantry, Hyderabad, with 81 men detached at Jacobabad . . .	139	...	1	...	...	471	611	...	...	...	188	188	2	...	1	802
175	21st Bombay Infantry, Bombay, with 203 men detached at Chabbar, Jask, Bushire, Bagdad, Muscat, and in the Indian Marine Ship *Lawrence*	...	...	...	...	...	380	380	...	2	...	395	397	16	...	...	793
176	22nd Bombay Infantry, Quetta, with 108 men detached at Sibi and Sharigh . .	164	1	...	...	...	393	558	...	1	...	197	198	18	...	12	786
177	23rd Bombay Infantry, Fort Sandeman, with 189 men detached at Shelabagh, Spinwana, Peshin, Nasirabad, Sharigh, Hindubagh, and Mir Ali Khel	176	10	...	...	...	362	548	...	207	...	29	236	16	...	...	800
178	24th Bombay Infantry, Loralai, with 38 men detached at Murgha	...	180	...	1	...	4	185	...	239	260	196	695	...	...	...	880
179	25th Bombay Infantry, Nasirabad, with 13 men detached at Thana	191	1	...	...	...	391	583	...	213	1	8	222	2	...	2	809
180	26th Bombay Infantry, Quetta, with 93 men detached at Murgha, Peshin, Spinwana, Shelabagh, Panjghur, and on escort duty	...	210	...	...	...	4	214	...	67	110	469	646	...	...	...	860
181	1st Baluch Battalion (27th Bombay Infantry), Kurrachee	...	21	...	...	...	10	31	...	204	383	150	737	...	...	...	768
182	28th Bombay Pioneers, Kirkee . . .	7	209	...	1	...	346	563	...	2	198	21	221	3	...	4	791
183	2nd Baluch Battalion (29th Bombay Infantry), Hyderabad, with 36 men detached at Jacobabad	...	...	1	...	...	...	1	156	271	385	68	880	...	...	...	881
184	3rd Baluch Battalion (30th Bombay Infantry), Chaman, with 22 men detached at Shelabagh, Peshin, and Bogra . .	1	6	1	...	...	4	12	...	300	161	306	767	...	...	...	779
185	Malwa Bhil Corps, Sirdarpore, with 147 men detached at Barwani, Alirajpore, and Jhabwa	2	...	...	...	...	601	603	...	...	...	...	...	...	...	...	603
186	Mewar Bhil Corps, Kherwara, with 215 men detached at Kotra and Udaipur .	9	...	...	...	...	677	686	...	1	...	25	26	...	...	...	712
187	Merwara Battalion, Ajmer, with 75 men detached at Beawar and Sambhar . .	8	...	...	...	...	681	689	...	...	...	23	23	...	...	...	712
188	Deoli Irregular Force, Deoli, with 89 men detached at Jaipur, Jhalawar, and Kotah .	141	85	...	...	...	544	770	...	6	...	33	39	...	...	...	809
189	Erinpura Irregular Force, Erinpura, with 139 men detached at Mount Abu, Bikaner, and Pachbadra	128	63	193	...	...	280	664	...	9	...	117	126	...	...	...	790
190	13th Madras Infantry, Raipur . . .	1	...	...	...	...	172	173	...	...	...	239	239	63	...	...	475
191	Wing, 13th Madras Infantry, Sambalpur .	20	...	...	...	...	177	197	...	...	...	205	205	8	...	...	410
192	22nd Madras Infantry, Kamptee, with 68 men detached at Sitabaldi . . .	9	...	...	...	...	358	367	...	...	...	356	356	99	...	...	822
193	Drivers, No. 7 Mountain Battery, Royal Garrison Artillery, Quetta . . .	...	70	...	...	...	4	74	...	75	...	...	75	...	...	...	149
194	1st Lancers, Hyderabad Contingent, Mominabad	58	151	...	...	...	88	297	...	1	...	203	204	...	...	...	501
195	2nd Lancers, Hyderabad Contingent, Bolarum, with 8 men detached at Hingoli .	13	172	...	...	...	140	325	...	...	...	173	173	1	...	...	499
196	3rd Lancers, Hyderabad Contingent, Aurangabad	7	163	...	...	...	52	222	...	2	...	276	278	...	...	...	500
197	4th Lancers, Hyderabad Contingent, Hingoli	8	154	...	...	...	111	273	...	5	...	216	221	2	...	...	496

Serial No.	CORPS AND THEIR DETACHMENTS.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	TOTAL.
198	1st Infantry, Hyderabad Contingent, Jalna, with 9 men detached at Bolarum . .	188	...	...	...	...	345	533	...	...	...	286	286	3	...	...	822
199	2nd Infantry, Hyderabad Contingent, Raichur, with 8 men detached at Bolarum .	229	...	...	...	...	334	563	...	...	...	258	258	12	...	...	833
200	3rd Infantry, Hyderabad Contingent, Aurangabad, with 8 men detached at Bolarum	204	...	...	...	...	320	524	...	...	...	294	294	5	...	...	823
201	4th Infantry, Hyderabad Contingent, Ellichpur, with 7 men detached at Bolarum .	168	...	...	...	...	338	506	2	...	...	263	265	10	...	...	781
202	5th Infantry, Hyderabad Contingent, Bolarum	143	20	...	...	...	415	578	...	7	...	236	243	8	...	...	829
203	6th Infantry, Hyderabad Contingent, Hingoli, with 8 men detached at Bolarum .	282	...	...	...	...	241	523	...	...	...	297	297	4	...	...	824
204	No. 1 Field Battery, Hyderabad Contingent, Bolarum	29	...	...	...	...	35	64	...	...	...	48	48	...	...	...	112
205	No. 2 Field Battery, Hyderabad Contingent, Aurangabad	26	...	...	...	...	28	54	...	1	...	57	58	1	...	...	113
206	No. 3 Field Battery, Hyderabad Contingent, Hingoli	27	...	...	...	...	46	73	...	...	...	48	48	...	...	...	121
207	No. 4 Field Battery, Hyderabad Contingent, Ellichpur	22	...	...	...	...	41	63	...	...	...	45	45	...	...	...	108

COMMANDS.	Rajputs.	Sikhs.	Dogras or other Hill Hindus.	Gurkhas.	Garhwalis.	Other Hindus.	Total Hindus.	Rohillas.	Punjabi Mussalmans.	Trans-Indus Pathans.	Other Mussalmans.	Total Mussalmans.	Native Christians.	Burmans.	Jews.	TOTAL
BENGAL	5,119	2,354	470	7,006	890	8,115	23,954	135	1,198	620	7,457	9,410	406	...	9	33,77
PUNJAB	1,601	17,768	4,713	5,501	1	1,401	30,985	12	8,412	6,105	1,051	15,580	55	...	...	46,62
MADRAS	553	2,425	216	773	3	9,181	13,151	...	1,873	376	7,843	10,092	1,856	169	...	25,268
BOMBAY	1,719	2,151	273	3	...	13,295	17,441	298	3,584	2,136	5,652	11,670	337	...	58	29,506
HYDERABAD CONTINGENT	1,404	660	...	...	...	2,534	4,598	2	16	...	2,700	2,718	46	...	...	73,62
1ST BENGAL INFANTRY, MAURITIUS	2	2	1	...	...	747	752	...	5	...	19	24	6	...	...	782
INDIA	10,398	25,360	5,673	13,283	894	35,273	90,881	447	15,088	9,237	24,722	49,494	2,706	169	67	143,317

*Death-rate per 1,000 of strength.**

	Bengal.	Punjab.	Madras.	Bombay.	Hyderabad Contingent.	India.
Rajputs	2·11	·40	·28	·81	·82	·83
Sikhs	·35	5·02	1·57	1·28	·41	2·09
Dogras and other Hill Hindus	·06	2·70	·04	·13	...	·83
Gurkhas	3·96	1·57	·71	...	...	1·44
Garhwalis	·13	...	...	...	...	·03
Other Hindus	3·30	·52	5·38	5·61	2·32	3·11
Total Hindus	9·91	10·21	7·98	7·82	3·54	8·32
Rohillas	...	...	...	...	...	...
Punjabi Mussalmans	·25	2·61	·94	1·18	...	1·21
Trans-Indus Pathans	·06	2·61	·12	·91	...	·98
Other Mussalmans	2·17	·26	2·20	2·72	3·41	1·65
Total Mussalmans	2·48	5·47	3·26	4·80	3·41	3·84
Native Christians	·13	...	·71	...	...	·15
Burmans	...	...	·04	...	...	·01
Jews	...	...	...	·03	...	·01

* As far as data are available.

III.—PRISONERS, 1899.

TABLE K.

JAILS by ADMINISTRATIONS.

Jails.	Height above the sea-level in feet.*	Authority for height.†
ANDAMANS :—		
Port Blair Convict Settlement	85	S. G.
BURMA :—		
Mergui	14	S. G.
Tavoy	69	„
Moulmein	288	„
Shwegyin	128	„
Toungoo	156	„
Rangoon Central, Europeans	14	„
„ „ natives		
Maubin	...	...
Bassein Central	40	S. G.
Insein „	34	„
Henzada	44	„
Myanaung	74	„
Sandoway	...	...
Kyaukpyu	...	...
Akyab	32	S. G.
Paungdi	...	...
Prome	...	...
Thayetmyo Central	145	S. G.
Taungdwingyi	492	„
Magwe	...	...
Minbu	...	...
Yamethin	653	S. G.
Meiktila	298	„
Pagan	...	...
Pakôkku	...	...
Myingyan Central	243	S. G.
Mandalay „	249	„
Monywa	...	...
Shwebo	600	M. O.
Bhamo	351	S. G.
Katha	329	„
Kindat	361	„
ASSAM :—		
Cachar (Silchar)	104	M. D.
Sibsagar	318	S. G.
Dibrugarh	342	„
Tezpur	292	„
Nowgong	208	„
Gauhati	134	I. B.
Dhubri	158	S. G.
Sylhet	257	M. D.
Shillong	4,987	S. G.
BENGAL:—		
Mymensingh	59	M. D.
Dacca Central	20	„
Tippera (Comilla)	36	„
Chittagong	87	„
Noakhali	43	„
Backergunge (Barisal)	13	„
Khulna	...	...
Jessore	33	M. D.
Baraset	...	...
Presidency Central, Europeans	17	S. G.
„ „ natives		
Alipore „	21	I. B.
Hooghly	34	S. G.
Burdwan	97	„
Krishnagar (Nadia)	32	„
Faridpur	46	M. D.
Pabna	...	...
Murshidabad (Berhampore)	67	M. D.
Rajshahi Central (Rampur Boalia)	70	„
Bogra	61	„
Malda	72	„
Dinajpur	123	„
Rangpur	123	„
Jalpaiguri	284	„
Purneah	120	S. G.
Naya Dumka	489	M. D.
Suri (Birbhum)	...	...
Bankura	298	M. D.
Midnapore Central	149	„
Balasore	59	S. G.
Cuttack	74	„
Puri	17	„
Angul	...	...
Chaibassa (Singhbhum)	745	S. G.
Purulia (Manbhum)	...	...
Ranchi (Lohardaga)	2,128	S. G.
Palamau (Daltongunge)	...	...
Hazaribagh Central	1,997	S. G.
Gaya	375	M. D.
Bhagalpur Central	147	S. G.

Jails.	Height above the sea-level in feet.*	Authority for height.†
BENGAL :—*contd.*		
Monghyr	148	S. G.
Darbhanga	167	„
Champarun (Motihari)	217	„
Muzaffarpur	179	„
Patna (Bankipore)	177	„
Arrah (Shahabad)	191	„
Chapra (Saran)	181	M. D.
Buxar Central	204	S. G.
Darjeeling	7,168	„
N.-W. P. AND OUDH :—		
Korantadih	...	...
Ghazipur	227	S. G.
Azamgarh	256	„
Kasia	...	...
Gorakhpur	255	S. G.
Basti	292	„
Fyzabad	336	„
Sultanpur	305	I. B.
Rai Bareli	351	S. G.
Partabgarh	311	„
Jaunpur	263	„
Benares Central	256	„
„ District		
Mirzapur	283	S. G.
Allahabad Central	298	„
„ District		
Karwi	...	...
Banda	415	S. G
Fatehpur	373	„
Hamirpur	367	„
Orai (Jalaun)	...	...
Cawnpore	417	S. G.
Unao	412	„
Lucknow Central	400	„
„ District		
Barabanki	378	„
Gonda	...	...
Bahraich	398	S. G.
Kheri	471	„
Sitapur	449	„
Hardoi	462	„
Etawah	498	„
Mainpuri	511	„
Etah	550	„
Fatehgarh Central	444	I. B.
„ District		
Shahjahanpur	507	S. G.
Bareilly Central	560	„
„ District		
Budaon	544	„
Aligarh	610	„
Bulandshahr	727	„
Moradabad	655	„
Bijnor	772	„
Dehra Dun	2,229	„
Saharanpur	903	„
Muzaffarnagar	790	„
Meerut	739	„
Muttra	576	„
Agra Central	554	„
„ District		
Jhansi	860	„
Lalitpur	...	...
Almora	5,494	S. G.
Pauri	...	...
PUNJAB :—		
Delhi	715	S. G.
Rohtak	712	„
Hissar	689	I. B.
Karnal	809	S. G.
Umballa	902	„
Ludhiana	806	„
Hoshiarpur	1,058	„
Jullundur	900	„
Ferozepore	645	„
Amritsar	756	„
Lahore Centre	706	„
„ District		
„ Female		
Gurdaspur	...	...
Gujranwala	...	...
Sialkot	829	S. G.
Gujrat	...	...
Mung Rasul Central	...	...
Jhelum	827	S. G.
Rawalpindi	1,707	„
Peshawar	1,165	„
Kohat	1,768	„
Bannu	1,279	„
Shahpur	644	„
Jhang	...	...
Montgomery Central	600	I. B.
Mooltan Central	402	S. G.

Jails.	Height above the sea-level in feet.*	Authority for height.†
PUNJAB :—*contd.*		
Mooltan District	402	S. G.
Dera Ismail Khan	571	„
Dera Ghazi Khan	395	„
Simla	7,230	„
Dharmsala	6,111	„
Abbottabad	4,152	„
BALUCHISTAN :—		
Quetta	5,511	S. G.
BOMBAY :—		
Shikarpur	194	S. G.
Sind Gang	...	...
Hyderabad Central	134	I. B.
Kurrachee	28	S. G.
Rajkot	417	„
Ahmedabad Central	170	„
Dhulia	842	„
Yerrowda Central (Poona)	1,951	I. B.
Bijapur	1,998	S. G.
Deccan Gang	...	...
Dharwar	2,385	S. G.
Thana	24	„
Bombay Common	20	„
„ House of Correction		
Ratnagiri	110	M. D.
Karwar	12	S. G.
Aden	26	„
RAJPUTANA :—		
Ajmer	1,627	S. G.
BERAR AND SECUNDERABAD :—		
Secunderabad	1,732	S. G.
Yeotmahl	1,476	„
Amraoti Central	1,194	„
Ellichpur	1,218	„
Akola Central	920	„
Basim	1,842	„
Buldana	2,132	M. D.
CENTRAL PROVINCES :—		
Damoh	1,236	S. G.
Saugor	1,753	„
Jubbulpore Central	1,306	„
Narsinghpur	1,305	I. B.
Mandla	1,487	S. G.
Bilaspur	884	„
Sambalpur	490	„
Raipur Central	975	„
Balaghat (Burha)	...	...
Seoni	2,043	S. G.
Chhindwara	2,236	„
Hoshangabad	1,030	„
Nimar (Khandwa)	1,042	I. B.
Betul	2,189	S. G.
Nagpur Central	1,025	„
Bhandara	861	„
Wardha	935	„
Chanda	658	„
Sironcha	406	„
MADRAS :—		
Mangalore	42	S. G.
Cannanore Central	47	„
Bellary	1,483	„
Salem Central	919	„
Coimbatore Central	1,348	M. D.
Palamcottah	129	S. G.
Madura	438	„
Trichinopoly Central	274	„
Tanjore	193	„
Cuddalore	19	„
Vellore Central	698	„
Madras Debtors, natives	15	„
„ Penitentiary Central, natives		
„ Central, Europeans		
„ Debtors, Europeans		
Nellore	57	„
Guntur	...	...
Rajamundry Central	112	M. D.
Vizagapatam	14	S. G.
Berhampur	60	„
Russellkonda	...	...
COORG :—		
Mercara	3,835	S. G.

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* These are not the exact heights of the jails themselves above sea-level, but usually those of the survey-marks or of the mercury-surface in barometer cisterns in the stations in which the jails are situated.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Quarter-Master-General's Department; M. D. = Meteorological Department; M. O. = Medical officers in charge of Station Hospitals in their Sanitary Reports.

TABLE XL.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLIII

	Ratio per 1,000 of the Average Strength.										
	Andamans.	Burma.	Assam.	Bengal.	N.-W. P. and Oudh.	Punjab.	Bombay.	Berar and Secunderabad.	Central Provinces.	Madras.	India.*
I. Average Annual Strength	11,293	12,548	1,323	18,118	29,303	13,512	8,981	1,426	4,148	8,806	110,016
II. Constantly sick-rate of each month—											
January	48·0	25·5	36·8	31·5	43·1	32·8	30·6	11·3	29·9	24·1	34·8
February	49·3	23·9	43·1	31·7	38·7	33·0	30·4	10·8	25·1	23·9	33·5
March	52·4	24·2	42·8	32·3	38·7	27·6	28·0	15·3	26·4	23·3	33·2
April	57·1	23·3	46·1	31·3	39·9	26·3	27·5	7·5	26·0	19·7	33·3
May	63·7	26·6	48·9	30·8	37·0	29·4	24·6	11·7	22·9	21·9	33·8
June	73·3	30·1	53·5	31·8	35·7	29·0	23·6	15·8	23·9	22·8	35·0
July	68·6	29·9	54·6	35·8	36·8	35·8	26·0	12·6	37·1	20·3	36·6
August	56·7	29·8	53·2	41·1	39·7	38·5	26·0	14·6	35·7	19·4	37·3
September	55·4	29·0	53·8	39·9	39·0	33·5	26·6	12·8	32·4	20·4	36·0
October	55·8	26·4	48·5	39·0	36·5	35·0	30·2	9·2	27·8	20·2	35·0
November	55·1	24·0	43·6	39·5	35·0	34·2	31·9	13·5	23·0	21·6	34·2
December	50·7	24·6	31·1	35·0	34·4	31·4	25·0	12·0	20·2	21·9	31·8
Of the year	57·2	26·5	47·6†	35·0	37·7	32·6	27·6	12·6	27·7	21·8	34·6
Including Subsidiary Jails and Lock-ups	...	...	43·7‡	34·3	...	32·6	24·8	...	...	22·1	33·9
III. Admission-rate of the year—											
Influenza	...	3·5	24·2	17·7	34·0	8·0	·9	25·2	18·3	...	14·7
Cholera	...	3·3	19·7	·4	·1	...	1·4	...	1·4	·3	·9
Small-pox	...	·8	...	·1	·3	...	·2	...	·2	...	·2
Enteric Fever	...	·3	...	·1	·1	...	·1	...	1·2	·8	·2
Intermittent Fever	1,198·4	110·6	320·5	287·3	273·1	440·5	138·6	103·1	268·3	80·3	343·4
Remittent Fever	21·0	4·6	8·3	8·7	5·1	2·0	6·2	3·5	6·3	·2	6·7
Simple Continued Fever	·5	23·6	·8	70·3	2·7	3·3	1·4	8·4	7·2	56·9	20·6
Tubercle of the lungs	10·3	9·5	3·8	10·8	6·7	6·6	5·9	2·1	2·9	10·8	8·1
Pneumonia	5·9	7·3	8·3	13·5	19·9	21·1	17·4	7·0	14·5	6·1	14·4
Other Respiratory Diseases	68·1	14·3	34·0	36·0	30·9	37·4	28·5	21·7	20·5	31·2	33·9
Dysentery	164·3	75·2	177·6	219·5	54·5	69·5	44·5	20·3	91·1	47·9	98·1
Diarrhœa	38·3	37·1	96·0	89·1	44·6	69·1	34·4	16·8	63·2	3·1	50·2
Spleen Diseases	1·6	·2	·8	·8	1·0	1·3	2·1	...	2·2	·2	1·0
Scurvy	·4	·6	2·3	·8	·3	2·0	3·7	6·3	1·9	·1	1·1
Anæmia and Debility	30·8	7·9	24·9	9·7	23·2	12·9	10·4	18·9	30·6	2·8	16·3
Abscess, Ulcer, and Boil	92·8	74·0	43·8	39·4	83·7	161·4	68·1	42·8	71·6	43·0	79·7
All Causes	1,936·9	583·6	962·2	1,003·9	792·0	1,096·7	614·1	444·6	849·8	502·2	918·5
Including Subsidiary Jails and Lock-ups	...	...	982·1	1,007·7	...	1,096·2	599·2	...	...	665·2	922·1
IV. Death-rate of the year—											
Cholera	...	1·99	13·61	·28	·10	...	·89	...	·24	·23	·56
Small-pox	...	·40	...	...	...	...	...	...	...	...	·05
Enteric Fever	...	·24	...	·06	·07	...	·11	...	·48	·34	·11
Intermittent Fever	·35	·24	6·80	1·44	·75	·44	·11	·70	...	1·25	·75
Remittent Fever	3·19	·08	4·54	·66	·41	·44	1·22	·70	·48	...	·82
Simple Continued Fever	...	...	...	·17	·03	...	...	...	...	...	·04
Tubercle of the lungs	7·62	3·27	1·51	4·42	2·90	2·96	2·67	1·40	2·17	2·50	3·55
Pneumonia	2·57	1·83	3·02	2·98	4·44	4·81	3·79	1·40	2·89	1·14	3·34
Other Respiratory Diseases	1·33	·08	3·02	·99	·96	1·18	1·67	·70	·48	·68	·96
Dysentery	15·58	4·62	6·05	6·18	5·36	2·52	2·45	1·40	4·10	1·59	5·47
Diarrhœa	2·75	·40	4·54	·99	1·43	·96	1·78	·70	1·69	...	1·31
Hepatic Abscess	·09	·24	...	·22	·03	·22	...	...	...	·11	·12
Anæmia and Debility	2·92	·56	1·51	·77	·65	·15	·89	2·10	1·69	·68	·95
Phagedæna, Slough, and Gangrene	...	...	...	...	...	...	...	·70	...	...	...
All Causes	42·24	18·73	55·18	23·79	22·25	18·72	24·72	13·32	24·59	16·13	23·87
Including Subsidiary Jails and Lock-ups	...	...	48·03	23·43	...	18·75	25·21	...	...	16·93	23·79
V. Percentage in 100 admissions—											
Influenza	...	·60	2·51	1·76	4·30	·73	·15	5·68	2·16	...	1·61
Cholera	...	·57	2·04	·04	·02	...	·24	...	·17	·07	·10
Small-pox	...	·14	...	·01	·03	...	·04	...	·03	...	·02
Enteric Fever	...	·05	...	·01	·01	...	·02	...	·14	·16	·02
Intermittent Fever	61·88	18·95	33·31	28·62	34·49	40·16	22·57	23·19	31·57	15·99	37·38
Remittent Fever	1·08	·79	·86	·86	·64	·18	1·02	·79	·74	·05	·73
Simple Continued Fever	·03	4·04	·08	7·00	·34	·30	·24	1·89	·85	11·33	2·24
Tubercle of the lungs	·53	1·63	·39	1·08	·85	·60	·96	·47	·34	2·15	·88
Pneumonia	·31	1·24	·86	1·34	2·52	1·92	2·83	1·58	1·70	1·22	1·57
Other Respiratory Diseases	3·52	2·44	3·53	3·59	3·90	3·41	4·64	4·89	2·41	6·22	3·69
Dysentery	8·48	12·89	18·46	21·86	6·89	6·34	7·25	4·57	10·72	9·54	10·68
Diarrhœa	1·98	6·36	9·98	8·88	5·63	6·30	5·60	3·79	7·43	·61	5·47
Spleen Diseases	·08	·04	·08	·08	·12	·11	·34	...	·26	·05	·11
Scurvy	·02	·11	·24	·08	·03	·18	·60	1·42	·23	·02	·12
Anæmia and Debility	1·59	1·35	2·59	·96	2·93	1·17	1·69	4·26	3·60	·57	1·77
Abscess, Ulcer, and Boil	4·79	12·69	4·56	3·92	10·57	14·72	11·10	9·62	8·42	8·57	8·67
VI. Percentage in 100 deaths—											
Cholera	...	10·6	24·7	1·2	·5	...	3·6	...	1·0	1·4	2·4
Small-pox	...	2·1	...	...	...	...	...	...	...	...	·2
Enteric Fever	...	1·3	...	·2	·3	...	·5	...	2·0	2·1	·5
Intermittent Fever	·8	1·3	12·3	6·0	3·4	2·4	·5	5·3	...	7·7	3·2
Remittent Fever	7·5	·4	8·2	2·8	1·8	2·4	5·0	5·3	2·0	...	3·4
Simple Continued Fever	...	...	...	·7	·2	...	...	...	...	...	·2
Tubercle of the lungs	18·0	17·4	2·7	18·6	13·0	15·8	10·8	10·5	8·8	15·5	14·9
Pneumonia	6·1	9·8	5·5	12·5	19·9	25·7	15·3	10·5	11·8	7·0	14·0
Other Respiratory Diseases	3·1	·4	5·5	4·2	4·3	6·3	6·8	5·3	2·0	4·2	4·0
Dysentery	36·9	24·7	11·0	26·0	24·1	13·4	9·9	10·5	16·7	9·9	22·9
Diarrhœa	6·5	2·1	8·2	4·2	6·4	5·1	7·2	5·3	6·9	...	5·5
Hepatic Abscess	·2	1·3	...	·9	·2	1·2	...	...	...	·7	·5
Anæmia and Debility	6·9	3·0	2·7	3·2	2·9	·8	3·6	15·8	6·9	4·2	4·0
Phagedæna, Slough, and Gangrene	...	...	...	...	...	...	...	5·3	...	...	...

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* Including Ajmere, Quetta, Mercara. For complete detail of diseases see Table LIII

† Including Subsidiary Jail.

‡ Lock-ups only.

TABLE XLI.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII. The actuals will be found in Table XLIII.

	RATIO PER 1,000 OF THE AVERAGE STRENGTH.												
	I Burma Coast and Bay Islands.	II Burma Inland.	III Assam.	IV Bengal and Orissa.	V Gangetic Plain and Chutia Nagpur.	VI Upper Sub-Himalaya.	VII N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	VIII S.-E. Rajputana, Central India, and Gujarat.	IX Deccan.	X Western Coast.	XI Southern India.	XII Hills.	India.*
I.—AVERAGE ANNUAL STRENGTH	19,379	4,462	1,280	11,366	26,133	14,629	7,498	5,016	9,072	2,607	7,881	662	110,016
II.—CONSTANTLY SICK-RATE OF EACH MONTH—													
January	41·2	15·9	35·5	31·8	40·2	32·1	35·0	44·2	31·5	23·9	24·1	28·7	34·8
February	41·3	14·0	42·1	32·0	36·7	28·5	39·3	40·3	29·5	24·7	23·3	32·8	33·5
March	42·6	16·5	40·8	31·8	37·8	28·4	30·0	36·1	29·1	24·3	23·3	26·6	33·2
April	44·5	17·5	44·3	29·2	39·9	27·5	26·5	39·5	27·4	23·5	19·2	28·5	33·3
May	49·6	21·5	48·1	29·5	37·1	29·6	24·6	36·3	25·2	26·2	20·6	28·7	33·8
June	56·7	24·0	52·2	30·8	36·5	28·3	23·6	35·0	25·6	26·2	22·4	28·3	35·0
July	53·8	23·3	53·6	32·9	38·8	30·9	34·0	34·8	31·8	30·1	19·9	33·3	36·6
August	47·2	21·9	52·3	34·2	44·0	34·8	33·8	36·3	31·9	31·0	18·8	34·2	37·3
September	46·4	19·8	53·6	34·8	41·2	36·9	25·3	34·1	30·4	32·8	19·4	28·3	36·0
October	44·6	20·4	49·3	35·6	38·3	36·7	26·4	31·9	28·8	40·2	19·4	27·4	35·0
November	43·0	18·7	43·4	39·8	35·3	37·2	27·9	29·5	24·9	47·1	20·8	29·9	34·2
December	40·9	18·8	32·0	36·4	33·4	34·8	23·8	29·2	19·8	38·4	21·7	33·3	31·8
OF THE YEAR	46·0	19·3	46·9	33·2	38·2	32·4	29·2	35·3	28·0	30·7	21·2	31·7	34·6
III.—ADMISSION-RATE OF THE YEAR—													
Influenza	·1	9·6	6·3	14·3	30·7	22·6	15·2	4·8	12·3	...	...	36·3	14·7
Cholera	1·3	3·8	20·3	·5	·1	·1	...	...	2·0	·4	·4	...	·9
Small-pox	·4	·7	...	...	·3	...	·1	·2	·1	...	...	...	·2
Enteric Fever	·2	·2	...	...	·1	·1	...	...	·7	1·9	·3	...	·2
Intermittent Fever	738·0	139·0	293·8	201·2	314·5	407·1	265·9	176·2	220·7	116·2	80·1	306·6	343·4
Remittent Fever	13·4	8·1	8·6	10·3	6·1	3·3	2·3	1·0	4·0	15·3	·3	6·0	6·7
Simple Continued Fever	15·2	1·8	·8	95·2	9·9	3·5	·5	1·6	4·9	1·2	62·8	18·1	20·6
Tubercle of the lungs	10·2	8·3	3·9	13·0	6·7	6·6	7·6	5·4	1·9	12·3	11·5	3·0	8·1
Pneumonia	5·9	9·6	8·6	14·6	16·2	21·8	23·7	26·5	12·1	8·1	6·5	22·7	14·4
Other Respiratory Diseases	46·4	11·0	32·0	31·9	32·1	37·9	35·1	34·5	23·0	26·1	31·8	30·2	33·9
Dysentery	133·3	48·4	178·9	228·1	93·3	67·5	47·3	51·4	58·9	56·4	47·6	116·3	98·1
Diarrhœa	38·8	32·9	87·5	86·4	54·8	69·9	44·0	31·7	44·4	34·9	3·4	105·7	50·2
Spleen Diseases	·9	·7	·8	1·1	·9	1·5	·1	3·0	1·4	...	·3	...	1·0
Scurvy	·7	...	2·3	1·1	·2	1·9	1·6	...	2·4	7·7	·1	...	1·1
Anæmia and Debility	21·0	9·2	25·0	11·4	21·0	12·9	12·4	18·3	21·7	12·3	2·4	13·6	16·3
Abscess, Ulcer, and Boil	94·9	30·7	39·8	31·8	82·0	119·8	119·6	69·4	85·2	23·0	44·9	71·0	79·7
ALL CAUSES	1,404·4	444·0	878·1	943·9	887·9	1,014·0	781·4	600·5	760·4	586·5	510·3	968·3	918·5
IV.—DEATH-RATE OF THE YEAR—													
Cholera	·88	1·79	14·06	·35	·11	·07	...	...	·88	·38	·25	...	·56
Small-pox	·10	·67	...	...	...	...	...	...	...	...	...	...	·05
Enteric Fever	·10	·22	...	...	·08	·07	...	...	·33	·38	·25	...	·11
Intermittent Fever	·31	·22	7·03	1·23	1·07	·48	·40	·40	·22	1·15	·89	1·51	·75
Remittent Fever	1·91	...	4·69	·79	·54	·27	·40	·40	·33	3·45	...	4·53	·82
Simple Continued Fever	...	...	...	...	·15	...	...	...	...	...	...	...	·04
Tubercle of the lungs	5·78	3·36	1·56	5·63	2·87	2·46	2·80	3·19	1·43	6·52	2·54	...	3·55
Pneumonia	2·12	2·47	3·13	3·61	3·71	4·44	5·20	4·78	2·98	2·30	1·27	3·02	3·34
Other Respiratory Diseases	·77	·22	2·34	1·23	·88	·96	1·47	1·00	·66	3·45	·51	1·51	·96
Dysentery	11·15	4·03	6·25	7·39	5·59	3·01	2·40	3·79	2·87	3·07	1·78	1·51	5·47
Diarrhœa	1·65	·90	4·69	·79	1·68	1·09	·40	·80	1·54	2·69	...	7·55	1·31
Hepatic Abscess	·21	...	...	·26	·04	·21	...	·20	...	...	·13	...	·12
Anæmia and Debility	1·91	·67	1·56	·88	·73	·21	·13	·80	1·54	1·15	·63	4·53	·95
Phagedæna, Slough, and Gangrene	...	...	...	...	...	...	...	...	·11	...	...	...	...
ALL CAUSES	32·51	18·38	56·25	26·75	22·81	18·32	17·07	18·94	19·73	47·95	15·99	31·72	23·87
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza	...	2·17	·71	1·51	3·46	2·23	1·95	·80	1·62	...	...	3·74	1·61
Cholera	·09	·86	2·31	·06	·01	.01	...	...	·26	·07	·07	...	·10
Small-pox	·03	·15	..	...	·04	...	·02	·03	·01	...	...	...	·02
Enteric Fever	·01	·05	...	...	·01	·01	...	...	·09	·33	·05	...	·02
Intermittent Fever	52·55	31·30	33·45	21·32	35·42	40·15	34·03	29·35	29·02	19·82	15·69	31·67	37·38
Remittent Fever	·95	1·82	·98	1·09	·69	·32	·29	·17	·52	2·62	·05	·62	·73
Simple Continued Fever	1·08	·40	·09	10·09	1·12	·34	·07	·27	·64	·20	12·31	1·87	2·24
Tubercle of the lungs	·73	1·87	·44	1·38	·76	·65	·97	·90	·25	2·09	2·26	·31	·88
Pneumonia	·42	2·17	·98	1·55	1·82	2·15	3·04	4·42	1·59	1·37	1·27	2·34	1·57
Other Respiratory Diseases	3·30	2·47	3·65	3·38	3·61	3·73	4·49	5·74	3·03	4·45	6·24	3·12	3·69
Dysentery	9·49	10·90	20·37	24·17	10·51	6·65	6·06	8·57	7·74	9·61	9·32	12·01	10·68
Diarrhœa	2·76	7·42	9·96	9·15	6·17	6·89	5·63	5·28	5·84	5·95	·67	10·92	5·47
Spleen Diseases	·07	·15	·09	·12	·10	·15	·02	·50	·19	...	·05	...	·11
Scurvy	·05	...	·27	·12	·02	·19	·20	...	·32	1·31	·02	...	·12
Anæmia and Debility	1·49	2·07	2·85	1·21	2·37	1·27	1·59	3·05	2·86	2·09	·47	1·40	1·77
Abscess, Ulcer, and Boil	6·76	6·92	4·54	3·37	9·23	11·81	15·31	11·55	11·21	3·92	8·80	7·33	8·67
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera	2·7	9·8	25·0	1·3	·5	·4	...	...	4·5	·8	1·6	...	2·4
Small-pox	·3	3·7	...	...	...	...	...	...	...	...	...	...	·2
Enteric Fever	·3	1·2	...	...	·3	·4	...	...	1·7	·8	1·6	...	·5
Intermittent Fever	1·0	1·2	12·5	4·6	4·7	2·6	2·3	2·1	1·1	2·4	5·6	4·8	3·2
Remittent Fever	5·9	...	8·3	3·0	2·3	1·5	2·3	2·1	1·7	7·2	...	14·3	3·4
Simple Continued Fever	...	...	...	...	·7	...	...	...	...	...	...	...	·2
Tubercle of the lungs	17·8	18·3	2·8	21·1	12·6	13·4	16·4	16·8	7·3	13·6	15·9	...	14·9
Pneumonia	6·5	13·4	5·6	13·5	16·3	24·3	30·5	25·3	15·1	4·8	7·9	9·5	14·0
Other Respiratory Diseases	2·4	1·2	4·2	4·6	3·9	5·2	7·8	5·3	3·4	7·2	3·2	4·8	4·0
Dysentery	34·3	22·0	11·1	27·6	24·5	16·4	14·1	20·0	14·5	6·4	11·1	4·8	22·9
Diarrhœa	5·1	4·9	8·3	3·0	7·4	6·0	2·3	4·2	7·8	5·6	...	23·8	5·5
Hepatic Abscess	·6	...	...	1·0	·2	1·1	...	1·1	...	...	·8	...	·5
Anæmia and Debility	5·9	3·7	2·8	3·3	3·2	1·1	·8	4·2	7·8	2·4	4·0	14·3	4·0
Phagedæna, Slough, and Gangrene	...	...	...	...	...	...	...	...	·6	...	...	...	...

* Including Aden. For complete detail of diseases see Table LIII.

TABLE XLII.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate, per 1,000 of strength.																			Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	
Port Blair	11,293	...	...	...	...	1,198·4	21·0	·5	10·3	5·9	68·1	164·3	38·3	·2	1·6	·4	30·8	92·8	·5	1,936·9	57·2
		...	...	...	...	·35	3·19	...	7·62	2·57	1·33	15·58	2·75	·09	...	·09	2·92	...	...	42·24	
Mergui	30	...	33·3	...	...	...	...	100·0	...	...	...	100·0	...	...	...	...	...	...	...	266·7	13·6*
		...	33·33	...	...	...	...	...	...	...	...	66·67	...	...	...	...	...	...	...	100·00	
Tavoy	114	...	...	...	...	52·6	...	...	...	...	...	17·5	...	...	...	...	...	8·8	...	105·3	8·8
		...	...	...	...	...	...	...	...	...	...	8·77	...	...	...	...	...	...	...	17·54	
Moulmein	536	...	35·4	11·2	...	102·6	1·9	235·1	16·8	5·6	48·5	524·3	350·7	...	...	...	3·7	156·7	...	1,873·1	70·9
		...	22·39	3·73	...	...	...	...	9·33	1·87	...	29·85	...	...	...	...	...	...	...	74·63	
Shwegyin	181	...	...	...	...	132·6	...	...	...	...	16·6	77·3	71·8	...	...	...	...	127·1	...	712·7	44·2
		...	...	...	...	...	...	...	...	...	...	5·52	...	...	...	...	...	...	...	22·10	
Toungoo	471	...	...	...	...	40·3	2·1	101·9	6·4	19·1	2·1	29·7	27·6	...	...	...	2·1	23·4	...	422·5	14·9
		...	...	...	...	...	...	...	4·25	2·12	...	...	...	...	...	...	...	...	...	10·62	
Rangoon Central, (Europeans).	19	...	...	...	52·6	105·3	...	...	...	...	52·6	157·9	...	...	...	...	...	...	...	947·4	52·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rangoon Central, (natives).	2,075	·5	...	...	1·0	129·6	4·3	8·7	12·5	4·3	30·4	41·4	3·9	...	...	3·4	7·2	132·5	...	745·1	38·1
		...	...	...	·96	·96	...	...	4·82	·96	...	1·93	...	...	...	...	·48	·48	...	16·87	
Maubin	383	...	...	...	...	33·9	2·6	10·4	...	5·2	7·8	26·1	23·5	...	...	...	5·2	36·6	...	287·2	15·7
		...	...	...	...	...	...	...	...	2·61	...	...	...	...	...	...	...	...	...	7·83	
Bassein Central	1,167	...	3·4	...	...	48·0	...	76·3	12·0	2·6	5·1	74·6	17·1	...	...	...	2·6	126·0	...	569·8	36·8
		...	3·43	...	...	...	...	...	3·43	·86	...	1·71	·86	...	...	...	·86	...	...	18·85	
Insein Central	1,958	...	...	...	...	123·1	4·6	...	15·3	9·7	10·7	83·8	17·9	1·0	...	...	7·2	81·2	...	609·8	22·0
		...	...	...	...	...	...	...	2·55	2·04	...	5·62	...	·51	...	...	...	...	...	12·77	
Henzada	466	...	2·1	...	...	62·2	2·1	...	...	...	4·3	8·6	8·6	2·1	...	...	6·4	73·0	...	328·3	12·9
		...	...	...	...	...	2·15	...	...	...	...	...	...	2·15	...	...	2·15	...	...	8·58	
Myanaung	86	...	...	...	...	69·8	...	...	...	...	...	23·3	46·5	...	...	...	...	209·3	...	523·3	34·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sandoway	72	...	...	...	...	...	...	...	...	...	27·8	55·6	...	...	...	...	...	27·8	...	208·3	13·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kyaukpyu	179	...	...	5·6	...	173·2	...	...	...	...	...	39·1	16·8	...	...	...	33·6	61·5	...	536·3	22·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5·59	...	...	5·59	
Akyab	349	...	...	...	...	48·7	...	...	...	8·6	5·7	134·7	63·0	2·9	...	2·9	34·4	37·2	...	424·1	17·2
		...	...	...	...	...	...	...	...	5·73	...	8·60	...	2·87	...	...	...	...	...	25·79	
GROUP I.—BURMA COAST AND BAY ISLANDS	19,379	·1	1·3	·4	·2	738·0	13·4	15·2	10·2	5·9	46·4	133·3	38·8	·3	·9	·7	21·0	94·9	·3	1,404·4	46·0
		...	·88	·10	·10	·31	1·91	...	5·78	2·12	·77	11·15	1·65	.21	...	·05	1·91	·05	...	32·51	
Paungdi	71	...	...	...	...	225·4	...	14·1	...	14·1	...	42·3	42·3	...	...	...	14·1	42·3	...	493·0	14·1
		...	...	...	...	...	...	...	...	...	...	14·08	...	...	...	...	...	...	...	42·25	
Prome	301	...	...	...	...	26·6	...	...	3·3	...	3·3	10·0	6·6	...	...	...	...	19·9	...	215·9	13·3
		...	...	...	...	...	...	...	...	...	3·32	3·32	...	...	...	...	...	...	...	16·61	
Thayetmyo Central.	1,013	...	...	3·0	...	132·3	2·0	...	16·8	18·8	11·8	12·8	3·0	...	...	...	27·6	38·5	...	503·5	12·8
		...	...	2·96	...	...	...	...	3·95	2·96	...	...	...	...	...	...	1·97	...	...	13·82	
Taungdwingyi	78	...	...	...	...	...	...	...	...	...	...	51·3	...	...	...	...	...	...	...	89·7	4·7*
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Magwe	158	...	...	...	...	6·3	...	25·3	...	6·3	...	6·3	19·0	...	6·3	...	...	63·3	...	221·5	6·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Minbu	119	...	...	...	...	168·1	...	16·8	...	...	16·8	50·4	159·7	...	...	...	8·4	92·4	...	865·5	25·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yamethin	111	...	...	...	...	63·1	...	9·0	...	...	27·0	...	9·0	...	...	...	...	27·0	...	225·2	18·0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Meiktila	180	...	...	...	...	22·2	...	...	...	...	...	77·8	33·3	...	...	...	...	50·0	...	327·8	22·2
		...	...	...	...	...	...	...	5·56	...	...	5·56	...	...	...	...	...	...	...	22·22	
Pagan	99	...	...	...	...	50·5	...	...	10·1	...	...	10·1	20·2	...	...	...	...	10·1	...	161·6	10·1
		...	...	...	...	...	...	...	10·10	...	...	...	10·10	...	...	...	...	...	...	20·20	
Pakôkku	57	...	35·1	...	...	105·3	...	...	...	...	...	105·3	87·7	...	...	...	...	17·5	...	561·4	35·1
		...	17·54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17·54	
Myingyan Central.	869	49·5	5·8	...	1·2	164·6	33·4	...	9·2	11·5	8·1	29·9	24·2	...	...	...	4·6	18·4	...	4·4·3	17·3
		...	2·30	...	1·15	...	...	...	6·90	1·15	...	...	...	...	...	...	...	...	...	17·26	
Mandalay Central.	955	...	2·1	...	...	196·9	...	...	9·4	7·3	23·0	52·4	46·1	...	...	...	5·2	14·7	...	425·1	26·2
		...	...	...	...	...	...	...	3·14	5·24	...	3·14	2·09	...	...	...	...	...	...	14·66	
Monywa	89	...	89·9	...	...	44·9	...	...	...	...	...	44·9	78·7	...	...	...	...	22·5	...	415·7	22·5
		...	56·18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	56·18	
Shwebo	138	...	...	...	...	79·7	21·7	...	...	7·2	...	7·2	36·2	...	...	...	...	58·0	...	304·3	14·5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bhamo	85	...	...	...	...	541·2	23·5	...	...	35·3	23·5	800·0	235·3	...	23·5	...	...	70·6	...	2,035·3	82·4
		...	...	...	...	...	...	...	...	11·76	...	94·12	...	...	...	...	...	...	...	117·65	
Katha	85	...	...	...	...	317·6	...	...	...	...	...	70·6	47·1	...	...	...	11·8	58·8	...	647·1	35·3
		...	...	...	...	11·76	...	...	...	...	...	...	...	...	...	...	...	...	...	11·76	
Kindat	54	...	...	...	...	...	...	...	18·5	18·5	...	185·2	37·0	...	...	...	18·5	55·6	...	388·9	18·5
		...	...	...	...	...	...	...	...	18·52	...	74·07	18·52	...	...	...	18·52	...	...	148·15	
GROUP II.—BURMA INLAND.	4,462	9·6	3·8	·7	·2	139·0	8·1	1·8	8·3	9·6	11·0	48·4	32·9	...	·7	...	9·2	30·7	...	444·0	19·3
		...	1·79	·67	·22	·22	...	...	3·36	2·47	·22	4·03	·90	...	...	...	·67	...	...	18·38	

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

1. ADMISSION-RATE. 2. DEATH-RATE, PER 1,000 OF STRENGTH.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick per 1,000 of strength.
Cachar	66	...	...	...	...	90·9	15·2	...	...	30·3	15·2	181·8	30·3	...	...	...	...	45·5	...	530·3	30·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15·15	
Sibsagar	72	13·9	...	...	...	236·1	...	...	...	...	97·2	194·4	194·4	...	...	...	13·9	180·6	...	1,277·8	27·8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dibrugarh	68	...	...	...	...	1,132·4	...	...	...	...	58·8	691·2	485·3	...	...	14·7	44·1	44·1	..	2,676·5	88·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Tezpur	246	...	...	...	...	134·1	...	...	8·1	8·1	8·1	89·4	24·4	...	...	...	4·1	16·3	...	333·3	20·3
		...	...	...	...	4·07	...	...	4·07	8·13	...	4·07	4·07	...	...	...	...	...	...	32·52	
Nowgong	44	159·1	...	...	...	1,000·0	...	...	...	...	45·5	113·6	22·7	...	...	...	90·9	68·2	...	2,136·4	90·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Gauhati	239	...	104·6	...	...	146·4	...	...	...	25·1	16·7	167·4	29·3	...	...	...	8·4	41·8	...	606·7	33·5
		...	75·31	...	...	4·18	...	...	...	8·37	...	20·92	4·18	...	...	...	...	...	...	121·34	
Dhubri	21	...	47·6	...	...	285·7	...	...	47·6	47·6	47·6	476·2	238·1	...	47·6	...	...	238·1	...	1,952·4	95·2
		...	...	...	...	...	...	...	47·62	...	...	...	...	...	...	...	...	...	...	47·62	
Sylhet	524	...	...	...	...	301·5	19·1	1·9	3·8	...	38·2	150·8	84·0	...	...	3·8	40·1	19·1	...	864·5	59·2
		...	...	...	...	13·36	11·45	...	...	...	5·73	3·82	7·63	...	...	1·91	3·82	...	...	62·98	
GROUP III.—ASSAM.	1,280	6·3	20·3	...	...	293·8	8·6	·8	3·9	8·6	32·0	178·9	87·5	...	·8	2·3	25·0	39·8	...	878·1	46·9
		...	14·06	...	...	7·03	4·69	...	1·56	3·13	2·34	6·25	4·69	...	...	·78	1·56	...	...	56·25	
Mymensingh	493	...	...	...	...	206·9	...	...	10·1	10·1	42·6	69·0	225·2	...	...	4·1	8·1	36·5	...	809·3	32·5
		...	...	...	...	4·06	...	...	6·09	6·09	...	2·03	2·03	...	...	...	2·03	...	...	24·34	
Dacca Central	1,116	...	...	...	...	203·4	9·9	165·8	11·6	22·4	27·8	314·5	109·3	...	...	...	18·8	38·5	...	1,129·9	47·5
		...	...	...	...	·90	·90	...	5·38	7·17	·90	6·27	...	...	...	...	...	...	...	22·40	
Tippera	298	...	...	...	...	26·8	...	335·6	...	6·7	30·2	194·6	53·7	...	...	20·1	3·4	53·7	...	929·5	23·5
		...	...	...	...	...	...	...	...	...	3·36	...	...	...	...	...	...	...	...	13·42	
Chittagong	202	...	...	...	...	203·0	...	...	9·9	5·0	34·7	331·7	64·4	...	...	...	5·0	5·0	...	703·0	14·9
		...	...	...	...	...	...	...	...	...	...	9·90	...	...	...	...	...	...	...	9·90	
Noakhali	119	...	...	...	...	260·5	...	...	...	...	...	201·7	33·6	8·4	...	...	8·4	33·6	...	722·7	25·2
		...	...	...	...	...	...	...	...	...	...	...	...	8·40	...	...	...	...	...	8·40	
Backergunge	449	...	...	...	...	260·6	6·7	...	2·2	2·2	42·3	503·3	129·2	...	...	...	17·8	22·3	...	1,191·5	60·1
		..	...	...	...	2·23	4·45	...	2·23	2·23	6·68	26·73	...	...	...	...	6·68	...	...	60·13	
Khulna	33	...	...	—	...	666·7	30·3	757·6	...	30·3	90·9	181·8	121·2	...	...	...	...	30·3	...	2,212·1	30·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jessore	366	...	...	...	...	385·2	16·4	...	5·5	30·1	32·8	702·2	19·1	...	...	...	2·7	...	...	1,248·6	54·6
		...	...	...	...	...	...	...	5·46	8·20	2·73	5·46	...	...	...	..	...	...	...	30·05	
Baraset	78	...	...	...	...	961·5	12·8	...	12·8	25·6	51·3	500·0	115·4	...	...	...	...	76·9	...	2,141·0	51·3
		...	...	...	...	...	...	...	...	12·82	...	...	...	...	...	...	...	...	...	12·82	
Presidency, Central, (Europeans).	39	...	...	...	...	512·8	...	...	25·6	...	...	102·6	128·2	...	...	...	...	102·6	...	1,487·2	25·6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Presidency, Central, (natives).	1,214	...	...	...	...	299·3	...	2·5	20·6	9·1	21·4	143·3	30·5	...	...	1·6	3·3	22·2	...	584·0	25·5
		...	...	...	...	1·65	...	...	10·71	3·29	1·65	2·47	...	...	...	...	...	...	...	23·89	
Alipore Central	1,785	...	...	...	...	73·4	...	373·7	22·4	13·4	41·5	160·8	32·5	...	5·0	...	15·1	51·0	...	1,189·4	34·2
		...	...	...	...	·56	...	...	10·64	1·12	·56	1·68	...	...	...	...	·56	...	...	19·05	
Hooghly	256	50·6	5·6	...	...	233·1	...	...	14·0	5·6	22·5	626·4	266·9	...	...	...	16·9	14·0	...	1,325·8	33·7
		2·81	2·81	...	...	...	...	...	8·43	...	5·62	22·47	2·81	...	...	...	5·62	...	...	61·80	
Burdwan	215	...	...	...	...	237·2	14·0	18·6	14·0	...	18·6	195·3	4·7	...	...	...	23·3	97·7	...	814·0	51·2
		...	...	...	...	...	...	...	...	...	...	4·65	...	...	...	...	...	...	...	4·65	
Krishnagar	204	...	...	...	...	127·5	...	...	4·9	4·9	14·7	156·9	...	...	...	...	...	9·8	...	343·1	24·5
		...	...	...	...	4·90	...	...	4·90	4·90	...	4·90	...	...	...	...	...	...	...	24·51	
Faridpur	373	...	...	...	...	59·0	...	56·3	5·4	18·8	40·2	324·4	16·1	2·7	...	...	10·7	26·8	...	635·4	26·8
		...	...	...	...	2·68	...	...	...	10·72	...	26·81	2·68	2·68	...	...	2·68	...	...	53·62	
Pabna	172	58·1	...	...	...	331·4	5·8	87·2	11·6	11·6	75·6	343·0	93·0	5·8	...	...	17·4	34·9	...	1,244·2	58·1
		...	...	...	...	...	5·81	...	5·81	5·81	...	17·44	...	5·81	...	...	...	...	...	40·70	
Murshidabad	192	...	...	...	...	104·2	177·1	...	5·2	...	31·2	239·6	10·4	...	...	...	5·2	26·0	...	729·2	31·2
		...	...	...	...	...	10·42	...	5·21	...	5·21	10·42	...	...	...	...	...	...	...	36·46	
Rajshahi Central.	740	178·4	...	...	...	223·0	55·4	17·6	12·2	27·0	48·6	51·4	79·7	...	...	...	4·1	1·4	...	1,018·9	32·4
		...	...	...	...	...	2·70	...	4·05	1·35	...	5·41	...	...	...	...	...	...	...	14·86	
Bogra	111	...	...	...	...	405·4	18·0	...	9·0	18·0	...	243·2	...	...	...	...	...	9·0	...	918·9	27·0
		...	...	...	...	9·01	...	...	...	...	...	...	...	...	...	...	...	...	...	27·03	
Malda	89	...	...	...	...	471·9	...	89·9	11·2	22·5	...	123·6	11·2	...	...	...	...	22·5	...	786·5	22·5
		...	...	...	...	...	...	...	11·24	...	...	11·24	...	...	...	...	...	...	...	22·47	
Dinajpur	197	...	5·1	...	...	71·1	...	35·5	15·2	5·1	30·5	121·8	15·2	...	...	...	15·2	10·2	...	421·3	20·3
		...	5·08	...	...	...	...	...	...	...	...	5·08	...	...	...	...	...	...	...	15·23	
Rangpur	222	...	...	...	...	247·7	4·5	4·5	13·5	4·5	27·0	324·3	220·7	...	...	...	40·5	49·5	...	1,274·8	40·5
		...	...	...	...	9·01	...	...	4·50	...	...	9·01	4·50	...	...	...	4·50	...	...	36·04	

1. Admission-rate. 2. Death-rate, per 1,000 of strength.

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
Jalpaiguri	99	... ...	... ...	... ...	... ...	454·5 ...	20·2 ...	... ...	10·1 ...	... ...	... ...	... ...	464·6 ...	... ...	... ...	... ...	... ...	70·7 ...	... ...	1,515·2 10·10	30·3
Purneah	162	... ...	... ...	... ...	... ...	271·6 ...	43·2 6·17	185·2 ...	18·5 18·52	12·3 6·17	55·6 6·17	129·6 12·35	24·7 ...	... ...	... ...	... ...	12·3 ...	18·5 ...	... ...	845·7 55·56	24·7
Naya Dumka	82	24·4 ...	... ...	... ...	... ...	... ...	... ...	... ...	12·2 ...	12·2 12·20	... ...	12·2 ...	12·2 ...	... ...	... ...	... ...	... ...	12·2 ...	... ...	122·0 24·39	5·1*
Suri	288	... ...	6·9 3·47	... ...	... ...	211·8 ...	10·4 ...	6·9 ...	13·9 3·47	31·2 6·94	59·0 3·47	319·4 27·78	66·0 3·47	... ...	13·9 ...	... ...	20·8 ...	6·9 ...	... ...	833·3 52·08	38·2
Bankura	250	... ...	4·0 4·00	... ...	... ...	428·0 8·00	... ...	... ...	12·0 8·00	36·0 4·00	8·0 ...	232·0 ...	496·0 4·00	... ...	... ...	... ...	68·0 4·00	40·0 ...	... ...	1,700·0 32·00	36·0
Midnapore Central.	909	... ...	... ...	... ...	... ...	200·2 ...	... ...	... ...	13·2 3·30	15·4 6 60	16·5 ...	141·9 9·90	68·2 2·20	... ...	... ...	... ...	... ...	27·5 ...	... ...	566·6 29·70	16·5
Balasore	114	... ...	... ...	... ...	... ...	105·3 ...	8·8 ...	8·8 ...	... ...	17·5 ...	17·5 ...	105·3 17·54	70·2 8·78	... ...	... ...	... ...	... ...	52·6 ...	... ...	500·0 26·32	17·5
Cuttack	244	... ...	... ...	... ...	... ...	323·8 ...	... ...	... ...	12·3 ...	28·7 ...	61·5 ...	229·5 ...	151·6 ...	... ...	... ...	12·3 ...	... ...	73·8 ...	... ...	1,032·8 4·10	32·8
Puri	104	... ...	... ...	... ...	... ...	67·3 ...	... ...	... ...	... ...	9·6 9·62	... ...	9·6 ...	48·1 ...	... ...	... ...	... ...	19·2 ...	19·2 ...	... ...	336·5 28·85	9·6
Angul	51	... ...	... ...	... ...	... ...	254·9 ...	... ...	... ...	... ...	... ...	... ...	19·6 ...	... ...	... ...	... ...	... ...	19·6 ...	19·6 ...	... ...	392·2 ...	19·6
GROUP IV.—BENGAL AND ORISSA.	11,366	14·3 ·09	·5 ·35	... ...	... ...	201·2 1·23	10·3 ·79	95·2 ...	13·0 5·63	14·6 3·61	31·9 1·23	228·1 7·39	86·4 ·79	·3 ·26	1·1 ...	1·1 ...	11·4 ·88	31·8 ...	... ...	943·9 26·75	33·2
A. Chaibassa	160	112·5 ...	... ...	... ...	... ...	450·0 ...	25·0 6·25	... ...	6·2 6·25	62·5 12·50	31·3 ...	568·8 ...	75·0 ...	... ...	... ...	... ...	... ...	25·0 ...	... ...	1,537·5 37·50	43·8
Purulia.	198	... ...	... ...	... ...	... ...	429·3 ...	... ...	... ...	... ...	20·2 ...	35·4 5·05	90·9 ...	141·4 ...	5·1 5·05	... ...	... ...	... ...	20·2 ...	... ...	792·9 15·15	15·2
Ranchi	201	... ...	... ...	5·0 ...	... ...	54·7 ...	... ...	184·1 ...	... ...	34·8 14·93	24·9 ...	189·1 19·90	54·7 ...	... ...	... ...	... ...	... ...	64·7 ...	... ...	721·4 39·80	19·9
Palamau	81	... ...	... ...	... ...	... ...	395·1 12·35	... ...	... ...	37·0 12·35	... ...	12·3 ...	160·5 12·35	24·7 ...	... ...	... ...	... ...	24·7 ...	37·0 ...	... ...	777·8 37·03	24·7
Hazaribagh Central.	947	62·3 2·11	... ...	... ...	... ...	181·6 ...	23·2 1·06	105·6 ...	18·0 2·11	32·7 3·17	20·1 ...	122·5 ...	46·5 2·11	... ...	... ...	... ...	1·1 1·06	38·0 ...	... ...	843·7 15·84	35·9
B. Gya	364	... ...	... ...	... ...	... ...	612·6 ...	... ...	30·2 5·49	2·7 ...	5·5 5·49	... ...	101·6 ...	148·4 ...	... ...	2·7 ...	... ...	16·5 ...	38·5 ...	... ...	1,162·1 13·74	22·0
Bhagalpur Central.	1,691	... ...	... ...	... ...	... ...	67·4 1·18	... ...	6·5 ...	5·3 2·37	6·5 1·77	89·9 1·18	234·2 2·96	78·7 1·77	... ...	... ...	... ...	1·8 ·59	18·9 ·59	... ...	623·3 17·15	24·8
Monghyr	225	22·2 ...	... ...	... ...	... ...	342·2 4·44	4·4 ...	... ...	13·3 8·89	4·4 ...	84·4 ...	146·7 8·89	88·9 ...	... ...	... ...	4·4 ...	13·3 ...	40·0 ...	... ...	955·6 26·67	26·7
Darbhanga	348	... ...	2·9 2·87	... ...	... ...	474·1 8·62	... ...	... ...	... ...	... ...	34·5 ...	364·9 11·49	241·4 8·62	... ...	... ...	... ...	2·9 ...	46·0 ...	... ...	1,537·4 34·48	63·2
Champarun	298	... ...	... ...	... ...	... ...	221·5 6·71	... ...	... ...	... ...	... ...	6·7 ...	261·7 3·36	30·2 ...	... ...	... ...	... ...	13·4 3·36	26·8 ...	... ...	630·9 20·13	20·1
Muzaffarpur	279	53·8 ...	... ...	... ...	... ...	75·3 3·58	17·9 3·58	107·5 ...	10·8 ...	... ...	17·9 ...	129·0 ...	89·6 ...	... ...	... ...	3·6 ...	10·8 ...	14·3 ...	... ...	752·7 14·34	32·3
Patna	263	... ...	... ...	... ...	... ...	357·4 ...	3·8 ...	... ...	... ...	... ...	38·0 ...	102·7 7·60	125·5 ...	... ...	... ...	... ...	3·8 3·80	98·9 ...	... ...	984·8 19·01	45·6
Arrah	153	... ...	... ...	... ...	... ...	176·5 ...	45·8 ...	... ...	6·5 6·54	32·7 ...	19·6 ...	202·6 ...	45·8 ...	... ...	... ...	... ...	6·5 ...	45·8 ...	... ...	725·5 6·54	13·1
Chapra	253	... ...	... ...	... ...	4·0 3·95	280·6 ...	... ...	7·9 3·95	4·0 3·95	11·9 ...	31·6 ...	442·7 7·91	71·1 ...	... ...	... ...	... ...	19·8 ...	63·2 ...	... ...	1,256·9 19·76	51·4
Buxar Central	1,202	51·6 ·83	... ...	... ...	... ...	1,383·5 1·66	... ...	... ...	7·5 3·33	3·3 ...	33·3 ·83	169·7 5·82	123·1 ·83	... ...	... ...	... ...	12·5 ...	129·8 ...	... ...	2,212·1 15·81	70·7
Korantadih	45	... ...	... ...	... ...	... ...	733·3 ...	... ...	... ...	... ...	22·2 22·22	44·4 ...	311·1 22·22	155·6 ...	... ...	... ...	... ...	133·3 ...	22·2 ...	... ...	2,177·8 44·44	66·7
Ghazipur	563	14·2 ...	... ...	... ...	... ...	19·5 1·78	142·1 8·88	1·8 ...	5·3 3·55	14·2 3·55	30·2 7·10	24·9 5·33	35·5 8·88	... ...	... ...	... ...	16·0 1·78	103·0 1·78	... ...	547·1 46·18	21·3
Azamgarh	361	72·0 ...	... ...	... ...	... ...	443·2 ...	... ...	... ...	11·1 2·77	63·7 2·77	127·4 ...	141·3 13·85	30·5 ...	... ...	... ...	... ...	72·0 ...	196·7 ...	... ...	1,886·4 30·47	69·3
Kassia	38	... ...	... ...	... ...	... ...	131·6 ...	... ...	... ...	... ...	26·3 ...	52·6 ...	... 26·32	26·3 ...	... ...	... ...	... ...	105·3 ...	52·6 ...	... ...	473·7 26·32	26·3
Gorakhpur	519	17·3 1·93	... ...	... ...	... ...	210·0 ...	1·9 1·93	... ...	... ...	27·0 11·56	30·8 ...	34·7 ...	50·1 3·85	... ...	... ...	... ...	34·7 3·85	69·4 ...	... ...	657·0 25·05	34·7
Basti	386	... ...	... ...	... ...	... ...	137·3 ...	10·4 2·59	... ...	5·2 5·18	7·8 2·59	18·1 ...	134·7 15·54	38·9 2·59	... ...	5·2 ...	... ...	41·5 5·18	142·5 ...	... ...	735·7 38·86	31·1
Fyzabad	516	... ...	... ...	... ...	... ...	310·1 1·94	... 1·94	... ...	1·9 ...	29·1 5·81	34·9 ...	122·1 17·44	122·1 1·94	... ...	... ...	5·8 1·94	54·3 1·94	153·1 ...	... ...	1,275·2 40·70	58·1
Sultanpur	355	... ...	... ...	... ...	... ...	366·2 2·82	... ...	... ...	... ...	25·4 5·63	28·2 ...	28·2 2·82	14·1 ...	... ...	... ...	... ...	5·6 ...	5·6 ...	... ...	619·7 14·08	25·4
Rae Bareli	473	... ...	... ...	... ...	... ...	164·9 ...	— ...	... ...	10·6 4·23	... ...	14·8 2·11	6·3 ...	44·4 ...	... ...	... ...	... ...	61·3 4·23	95·1 ...	... ...	706·1 27·48	42·3

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate, per 1,000 of strength. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
Partabgarh	257	...	...	...	...	151·8	...	7·8	3·9	15·6	19·5	42·8	23·3	...	3·9	...	23·3	70·0	...	556·4	23·3
		...	...	...	...	...	...	...	3·89	...	...	3·89	...	...	...	...	...	...	...	11·67	
Jaunpur	323	3·1	...	...	...	461·3	...	...	...	18·6	43·3	46·4	80·5	...	...	...	15·5	139·3	...	1,037·2	37·2
		...	...	...	...	...	...	...	...	3·10	...	6·19	12·38	...	...	...	...	...	...	30·96	
Benares Central.	2,091	...	...	...	...	108·6	...	...	2·9	2·4	18·2	28·2	36·8	...	...	...	15·8	59·8	...	385·9	25·8
		...	...	...	...	·96	...	...	3·83	...	·48	1·91	2·39	...	...	...	·48	...	...	13·87	
" District.	441	...	...	...	...	308·4	13·6	...	9·1	20·4	31·7	90·7	27·2	...	...	...	...	133·8	...	743·8	38·5
		...	...	...	...	...	2·27	...	6·80	9·07	...	18·14	...	...	...	...	...	...	...	40·82	
Mirzapur	247	12·1	8·1	...	...	275·3	20·2	125·5	8·1	48·6	56·7	89·1	101·2	...	...	...	16·2	234·8	...	1,591·1	72·9
		...	8·10	...	...	...	...	4·05	...	12·15	4·05	...	8·10	...	...	...	...	4·05	...	89·07	
Allahabad Central.	2,138	3·7	...	2·8	·5	256·8	...	...	10·3	6·1	19·2	31·8	37·0	...	...	...	12·6	73·9	...	560·3	29·0
		...	...	...	...	...	...	...	5·14	1·40	...	7·95	3·27	...	...	...	1·40	...	...	21·05	
" District.	694	82·1	...	...	...	190·2	4·3	...	2·9	73·5	51·9	43·2	28·8	...	...	...	14·4	134·0	1·4	1,008·6	36·0
		...	...	...	...	1·44	...	...	1·44	18·73	2·88	2·88	1·44	...	...	...	...	...	...	31·70	
Karwi	35	...	...	...	...	600·0	...	...	...	28·6	57·1	57·1	57·1	...	...	...	...	57·1	...	1,285·7	57·1
		...	...	...	...	...	...	...	...	28·57	...	...	...	...	...	...	...	...	...	28·57	
Banda	268	...	...	...	...	570·9	...	...	7·5	18·7	22·4	74·6	97·0	...	...	...	22·4	164·2	...	1,205·2	56·0
		...	...	...	...	...	...	...	7·46	7·46	...	18·66	3·73	...	...	...	...	...	...	48·51	
Fatehpur	326	24·5	...	...	...	690·2	...	52·1	...	39·9	58·3	110·4	104·3	...	...	...	21·5	107·4	...	1,561·3	92·0
		...	...	...	...	...	...	...	...	3·07	...	9·20	6·13	...	...	...	...	...	...	30·67	
Hamirpur	120	...	...	...	...	808·3	...	...	...	75·0	75·0	100·0	108·3	...	...	...	58·3	450·0	...	2,300·0	83·3
		...	...	...	...	...	...	...	...	8·33	...	8·33	...	...	...	...	...	...	...	33·33	
Orai	173	92·5	...	...	...	294·8	...	...	...	40·5	11·6	40·5	75·1	...	...	...	28·9	208·1	...	1,144·5	57·8
		...	...	...	...	...	...	...	...	11·56	...	...	...	...	...	...	5·78	...	...	28·90	
Cawnpore	345	11·6	...	...	...	356·5	23·2	...	2·9	17·4	66·7	78·3	52·2	...	29·0	...	191·3	188·4	...	1,449·3	87·0
		2·90	...	...	...	2·90	...	...	...	...	...	14·49	...	...	2·90	...	...	...	...	23·19	
Unao	304	...	...	...	...	253·3	...	19·7	...	13·2	9·9	26·3	29·6	...	6·6	...	3·3	78·9	...	615·1	23·0
		...	...	...	...	...	...	...	...	9·87	...	...	...	...	...	...	...	...	...	9·87	
Lucknow Central.	1,766	86·1	...	...	...	280·9	...	3·4	13·6	12·5	13·0	81·0	30·6	...	·6	...	10·2	48·1	...	742·9	32·3
		...	...	...	...	·57	...	...	5·66	2·83	1·13	2·83	1·13	...	...	...	1·13	...	...	17·55	
" District.	568	17·6	...	...	...	304·6	...	...	3·5	14·1	14·1	40·5	26·4	...	1·8	...	12·3	59·9	...	741·2	29·9
		...	...	...	...	...	...	...	5·28	5·28	1·76	10·56	...	...	...	...	...	...	...	24·65	
Barabanki	456	2·2	...	...	...	114·0	8·8	8·8	...	8·8	39·5	78·9	17·5	...	...	...	6·6	65·8	...	519·7	15·4
		...	...	...	...	2·19	...	...	...	2·19	6·58	2·19	...	...	...	...	...	...	...	21·93	
Gonda	594	...	...	...	...	316·5	...	...	5·1	25·3	13·5	50·5	23·6	...	...	...	1·7	37·0	...	654·9	40·4
		...	...	...	...	5·05	...	...	5·05	11·78	...	10·10	...	...	...	...	...	...	...	37·04	
Bahraich	417	86·3	...	...	...	983·2	...	...	...	7·2	43·2	74·3	55·2	...	...	...	7·2	194·2	...	1,901·7	81·5
		2·40	...	...	...	2·40	...	...	...	2·40	...	2·40	2·40	...	...	...	...	...	...	11·99	
Kheri	333	6·0	...	...	...	408·4	...	...	...	30·0	36·0	27·0	12·0	...	...	...	18·0	102·1	...	1,009·0	42·0
		...	...	...	...	...	...	...	...	3·00	...	3·00	...	...	...	...	...	...	...	15·02	
Sitapur	630	81·0	...	...	...	49·2	...	...	9·5	9·5	1·6	20·6	20·6	...	...	...	4·8	52·4	...	344·4	15·9
		1·59	...	...	...	...	...	...	3·17	1·59	...	...	...	...	...	...	...	...	...	7·94	
Hardoi	397	...	...	5·0	...	392·9	...	...	...	2·5	15·1	50·4	27·7	...	...	...	7·6	141·1	...	957·2	40·3
		...	...	...	...	2·52	...	...	...	2·52	...	7·56	...	...	...	...	...	...	...	17·63	
Etawah	283	...	...	...	...	169·6	3·5	...	10·6	21·2	14·1	67·1	...	...	...	...	14·1	28·3	...	413·4	17·7
		...	...	...	...	...	...	...	...	...	3·53	14·13	...	...	...	...	...	...	...	28·27	
Mainpuri	346	...	...	...	...	488·4	...	2·9	20·2	46·2	54·9	98·3	60·7	...	17·3	...	17·3	101·2	...	1,127·2	43·4
		...	...	...	...	...	...	...	2·89	11·56	...	5·78	...	...	...	...	...	...	...	23·12	
Etah	328	106·7	...	...	...	856·7	12·2	...	9·1	18·3	64·0	76·2	33·6	...	...	...	393·3	125·0	...	2,179·9	97·6
		3·05	...	...	...	6·10	3·05	...	3·05	6·10	...	3·05	...	...	...	...	...	...	...	24·39	
Fatehgarh Central.	1,960	107·7	...	...	·5	147·4	1·5	...	10·7	12·2	26·0	36·7	46·4	...	...	...	2·0	67·9	...	665·3	36·2
		...	...	...	·51	...	·51	...	3·06	3·57	1·02	5·10	·51	...	...	...	...	...	...	18·88	
" District	374	16·0	...	...	...	294·1	...	...	10·7	13·4	26·7	120·3	26·7	2·7	...	...	5·3	98·9	...	871·7	34·8
		...	...	...	...	...	...	...	...	2·67	2·67	10·70	...	...	...	...	...	...	...	24·06	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	26,133	30·7	·1	·3	·1	314·5	6·1	9·9	6·7	16·2	32·1	93·3	54·8	·1	·9	·2	21·0	82·0	...	887·9	38·2
		·31	·11	...	·08	1·07	·54	·15	2·87	3·71	·88	5·59	1·68	·04	·04	·04	·73	·11	...	22·81	
A.																					
Shahjahanpur	343	...	...	...	...	717·2	...	...	...	11·7	64·1	128·3	43·7	...	8·7	...	23·3	55·4	...	1,314·9	32·1
		...	...	...	...	2·92	...	...	2·92	2·92	2·92	8·75	...	...	...	...	...	...	...	23·32	
Bareilly Central.	2,258	·4	·4	...	·4	177·1	...	...	4·9	16·4	15·1	4·9	29·7	...	...	·9	23·5	39·4	...	409·2	24·4
		...	·44	...	·44	...	...	...	1·33	1·77	...	·44	·89	...	...	...	·89	...	...	8·86	
" District.	892	289·2	1·1	...	...	480·9	...	1·1	23·5	46·0	77·4	123·3	207·4	...	...	...	2·2	75·1	...	1,594·2	49·3
		5·61	...	...	...	1·12	...	...	3·36	8·97	...	5·61	2·24	...	...	...	...	...	...	29·15	

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
		1. Admission-rate. 2. Death-rate, per 1,000 of strength.																			
Budaon	370	...	...	...	...	240·5	...	...	13·5	40·5	54·1	54·1	18·9	...	...	...	21·6	83·8	...	770·3	21·6
		...	...	...	...	...	...	...	2·70	2·70	...	8·11	...	...	...	...	...	...	...	13·51	
Aligarh	422	...	...	...	...	561·6	...	...	4·7	14·2	35·5	28·4	33·2	...	...	...	...	28·4	...	860·2	19·0
		...	...	...	...	...	...	...	2·37	4·74	2·37	2·37	...	...	...	...	...	...	...	11·85	
Bulandshahr	302	...	...	...	...	149·0	...	...	6·6	16·6	59·6	43·0	53·0	...	...	...	19·9	92·7	...	688·7	26·5
		...	...	...	...	...	...	...	6·62	3·31	3·31	...	...	...	...	...	...	...	...	19·87	
Moradabad	410	12·2	...	...	...	365·9	61·0	...	2·4	36·6	82·9	92·7	14·6	...	...	7·3	19·5	63·4	...	1,031·7	63·4
		...	...	...	...	2·44	...	...	2·44	9·76	2·44	9·76	...	...	...	...	...	...	...	34·15	
Bijnor	267	...	...	...	...	232·2	...	...	...	30·0	26·2	22·5	26·2	...	7·5	...	3·7	93·6	...	629·2	26·2
		...	...	...	...	...	...	...	...	11·24	...	3·75	...	...	...	...	...	...	...	26·22	
Dehra Dun	78	...	...	...	...	333·3	...	...	12·8	12·8	12·8	76·9	51·3	...	...	...	38·5	51·3	...	743·6	76·9
		...	...	...	...	...	...	...	...	12·82	...	12·82	...	...	...	...	...	...	...	38·46	
Saharanpur	314	...	...	...	...	168·8	6·4	...	6·4	28·7	19·1	76·4	6·4	...	...	...	19·1	57·3	...	560·5	38·2
		...	...	...	...	...	...	...	...	3·18	...	15·92	...	...	...	...	...	...	...	22·29	
Muzaffarnagar	191	...	...	...	...	162·3	5·2	...	10·5	26·2	20·9	99·5	109·9	...	...	...	...	99·5	...	759·2	36·6
		...	...	...	...	...	...	...	5·24	...	...	...	...	...	...	...	...	...	...	10·47	
Meerut	614	105·9	...	...	...	216·6	...	16·3	3·3	6·5	13·0	34·2	94·5	...	...	...	...	92·8	...	773·6	32·6
		...	...	...	...	1·63	...	...	...	1·63	1·63	...	1·63	...	...	...	...	...	...	13·03	
Delhi	475	...	...	...	...	1,383·2	...	...	2·1	31·6	56·8	58·9	88·4	2·1	...	...	...	141·1	...	1,869·5	27·4
		...	...	...	...	2·11	...	...	...	8·42	...	2·11	4·21	2·11	...	...	...	...	...	18·95	
Rohtak	164	...	...	...	...	292·7	...	...	...	12·2	12·2	42·7	97·6	6·1	6·1	...	6·1	140·2	...	969·5	24·4
		...	...	...	...	...	...	...	...	6·10	...	...	...	6·10	...	...	...	...	...	12·20	
Hissar	214	...	...	...	...	238·3	...	...	4·7	...	9·3	9·3	42·1	...	...	...	18·7	88·8	...	579·4	14·0
		...	...	...	...	...	...	...	4·67	...	...	...	...	...	...	...	...	...	...	18·69	
Karnal	130	...	...	...	...	123·1	...	...	...	61·5	23·1	53·8	15·4	...	...	...	15·4	53·8	...	553·8	15·4
		...	...	...	...	...	...	...	...	...	...	7·69	7·69	...	...	...	...	...	...	15·38	
Umballa	661	...	...	...	...	242·1	1·5	...	3·0	15·1	24·2	192·1	63·5	...	3·0	...	7·6	115·0	...	877·5	27·2
		...	...	...	...	...	...	...	1·51	1·51	3·03	1·51	...	...	...	...	...	...	...	10·59	
B.																					
Ludhiana	244	...	...	...	...	299·2	...	...	...	16·4	16·4	45·1	16·4	...	...	...	...	65·6	...	623·0	16·4
		...	...	...	...	...	...	...	...	...	...	...	4·10	...	...	...	...	...	...	4·10	
Hoshiarpur	48	...	...	...	...	145·8	...	...	...	...	...	...	41·7	...	...	...	...	83·3	...	520·8	20·8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jullundur	227	...	...	...	...	61·7	...	...	8·8	4·4	22·0	8·8	4·4	...	...	...	...	79·3	...	330·4	13·2
		...	...	...	...	4·41	...	...	4·41	4·41	...	...	...	...	...	...	...	...	...	17·62	
Ferozepore	432	...	...	...	...	44·0	...	30·1	2·3	6·9	2·3	9·3	13·9	...	...	...	...	18·5	...	208·3	6·9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9·26	
Amritsar	152	...	...	...	...	407·9	19·7	...	13·2	13·2	26·3	59·2	177·6	...	...	...	39·5	98·7	...	1,032·9	39·5
		...	...	...	...	...	13·16	...	6·58	...	...	...	...	...	...	...	...	...	...	19·74	
Lahore Central.	1,417	...	...	...	...	895·6	1·4	...	15·5	19·1	108·0	98·1	122·1	...	...	5·6	4·9	282·3	...	2,069·9	50·1
		...	...	...	...	...	...	...	9·88	7·06	1·41	3·53	1·41	·71	...	...	...	...	...	35·29	
„ District	491	...	...	...	...	193·5	...	...	6·1	14·3	10·2	53·0	65·2	...	...	...	6·1	122·2	...	688·4	26·5
		...	...	...	...	...	...	...	2·04	4·07	...	2·04	2·04	...	...	...	...	...	...	18·33	
„ Female	166	...	...	...	...	397·6	...	...	...	6·0	48·2	96·4	54·2	...	...	...	30·1	66·3	...	975·9	24·1
		...	...	...	...	...	...	...	...	6·02	...	...	6·02	...	...	...	...	...	...	18·07	
Gurdaspur	191	...	...	...	...	73·3	...	...	...	20·9	5·2	5·2	10·5	...	...	...	...	10·5	...	178·0	5·2
		...	...	...	...	...	...	...	5·24	5·24	...	...	...	...	...	...	...	...	...	15·71	
Gujranwala	301	6·6	...	...	...	245·8	...	...	...	...	...	29·9	39·9	...	...	...	16·6	69·8	...	515·0	13·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sialkot	310	...	...	...	...	225·8	...	3·2	9·7	3·2	9·7	16·1	16·1	...	...	3·2	9·7	125·8	...	654·8	19·4
		...	...	...	...	...	...	...	...	...	...	...	3·23	...	...	...	...	...	...	6·45	
Gujrat	135	...	...	...	...	44·4	14·8	...	...	29·6	7·4	44·4	...	...	...	...	74·1	74·1	...	488·9	22·2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mung Rasul Central.	1,429	...	...	...	...	277·1	5·6	2·1	3·5	47·6	36·4	80·5	84·7	...	...	7·0	11·9	235·8	...	1,132·3	40·6
		...	...	...	...	...	·70	...	1·40	10·50	1·40	4·90	·70	...	...	...	·70	...	...	23·79	
Jhelum	215	...	...	...	...	772·1	14·0	...	9·3	32·6	27·9	60·5	144·2	...	...	...	4·7	176·7	...	1,469·8	32·6
		...	...	...	...	...	...	...	...	4·65	...	...	...	...	...	...	...	...	...	13·95	
Rawalpindi	766	...	...	...	...	1,033·9	1·3	30·0	3·9	6·5	30·0	177·5	109·7	...	18·3	5·2	31·3	242·8	...	2,074·4	49·6
		...	...	...	...	1·31	1·31	...	1·31	1·31	3·92	5·22	1·31	...	...	...	...	...	...	22·19	
GROUP VI.—UPPER SUB-HIMALAYA.	14,629	22·6	·1	...	·1	407·1	3·3	3·5	6·6	21·8	37·9	67·5	69·9	·1	1·5	1·9	12·9	119·8	...	1,014·0	32·4
		·34	·07	...	·07	·48	·27	...	2·46	4·44	·96	3·01	1·09	·21	...	...	·21	...	...	18·32	

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS. For actuals see Table XLIII.

1. Admission-rate. 2. Death-rate.

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average number constantly sick per 1,000 of strength.
A Peshawar	493	... ...	... ...	... ...	... ...	927·0 4·06	... ...	... ...	... ...	10·1 4·06	79·1 4·06	66·9 2·03	66·9 ...	... ...	... ...	... ...	16·2 ...	176·5 ...	... ...	1,480·7 16·23	64·9
Kohat	104	... ...	... ...	... ...	... ...	596·2 ...	9·6 ...	... ...	... ...	... ...	9·6 9·62	67·3 ...	38·5 ...	... ...	... ...	... ...	48·1 ...	153·8 ...	... ...	1,115·4 19·23	19·2
Bannu	162	... ...	... ...	... ...	... ...	284·0 ...	... ...	... ...	24·7 6·17	49·4 18·52	43·2 ...	80·2 ...	92·6 ...	... ...	... ...	... ...	12·3 ...	148·1 ...	... ...	1,074·1 37·04	37·0
Shahpur	210	... ...	... ...	... ...	... ...	404·8 ...	... ...	... ...	... ...	14·3 ...	28·6 ...	14·3 ...	90·5 ...	... ...	... ...	... ...	19·0 ...	333·3 ...	... ...	1,214·3 4·76	28·6
Jhang	241	... ...	... ...	... ...	... ...	568·5 4·15	4·1 ...	... ...	... ...	53·9 4·15	66·4 ...	174·3 ...	215·8 8·30	... ...	... ...	... ...	4·1 ...	170·1 ...	... ...	1,531·1 20·75	29·0
Montgomery Central.	1,633	... ...	... ...	... ...	... ...	318·4 ...	... ...	... ...	9·8 3·06	14·1 6·74	34·3 1·84	29·4 1·22	66·7 ...	... ...	... ...	·6 ...	4·9 ...	147·0 ...	... ...	821·8 15·92	26·3
Mooltan Central.	869	... ...	... ...	... ...	... ...	286·5 ...	2·3 1·15	... ...	17·3 9·21	31·1 9·21	41·4 1·15	64·4 9·21	46·0 ...	... ...	... ...	2·3 ...	43·7 1·15	211·7 ...	... ...	1,044·9 37·97	54·1
,, District.	696	152·3 1·44	... ...	... ...	... ...	215·5 ...	... ...	... ...	4·3 4·31	25·9 1·44	25·9 ...	67·5 1·44	27·3 ...	... ...	... ...	... ...	5·7 ...	67·5 ...	... ...	909·5 11·49	24·4
Dera Ismail Khan.	415	... ...	... ...	... ...	... ...	231·3 ...	... ...	9·6 ...	7·2 ...	38·6 2·41	16·9 ...	28·9 4·82	7·2 ...	... ...	... ...	... ...	14·5 ...	132·5 ...	... ...	645·8 12·05	21·7
Dera Ghazi Khan.	365	... ...	... ...	... ...	... ...	142·5 ...	8·2 2·74	... ...	2·7 ...	2·7 ...	5·5 ...	13·7 ...	11·0 ...	... ...	... ...	2·7 ...	13·7 ...	137·0 ...	... ...	468·5 5·48	16·4
C Shikarpur	491	... ...	... ...	... ...	... ...	114·1 ...	... ...	... ...	... ...	85·5 16·29	16·3 4·07	44·8 4·07	12·2 ...	... ...	... ...	... ...	16·3 ...	38·7 ...	... ...	435·8 24·44	20·4
Sind Gang	409	19·6 ...	... ...	... ...	... ...	22·0 ...	7·3 2·44	... ...	... ...	26·9 ...	63·6 ...	19·6 ...	26·9 ...	... ...	... ...	... ...	... ...	12·2 ...	... ...	506·1 2·44	17·1
Hyderabad Central.	1,068	... ...	... ...	... ...	... ...	20·6 ...	5·6 ...	... ...	10·3 2·81	6·6 2·81	8·4 1·87	27·2 1·87	6·6 ...	... ...	... ...	5·6 ·94	... ...	30·0 ...	... ...	201·3 14·98	13·1
Kurrachee	342	... ...	... ...	2·9 ...	... ...	155·0 ...	2·9 ...	... ...	11·7 2·92	11·7 2·92	93·6 ...	87·7 ...	23·4 2·92	... ...	2·9 ...	5·8 ...	11·7 ...	78·9 ...	... ...	751·5 8·77	38·0
Group VII.—N. W. Frontier, Indus Valley, and N. W. Rajputana.	7,498	15·2 ·13	... ...	·1 ...	... ...	265·9 ·40	2·3 ·40	·5 ...	7·6 2·80	23·7 5·20	35·1 1·47	47·3 2·40	44·0 ·40	... ...	·1 ...	1·6 ·13	12·4 ·13	119·6 ...	... ...	781·4 17·07	29·2
A Rajkot	118	... ...	... ...	... ...	... ...	220·3 ...	... ...	... ...	... ...	... ...	25·4 ...	16·9 ...	67·8 ...	... ...	... ...	... ...	... ...	110·2 ...	... ...	584·7 8·47	16·9
Ahmedabad Central.	1,244	... ...	... ...	·8 ...	... ...	83·6 ...	·8 ·80	6·4 ...	5·6 2·41	26·5 2·41	29·7 ·80	62·7 2·41	49·0 1·61	... ...	11·3 ...	... ...	9·6 1·61	50·6 ...	... ...	524·9 14·47	19·3
B Ajmer	372	... ...	... ...	... ...	... ...	26·9 ...	10·8 2·69	... ...	... ...	29·6 5·38	43·0 ...	13·4 2·69	... ...	... ...	... ...	... ...	... ...	29·6 ...	... ...	236·6 13·44	16·1
Muttra	284	... ...	... ...	... ...	... ...	348·6 ...	... ...	... ...	3·5 3·52	42·3 10·56	56·3 3·52	17·6 3·52	24·6 ...	... ...	... ...	... ...	28·2 ...	49·3 ...	... ...	813·4 24·65	45·8
Agra Central	2,124	... ...	... ...	... ...	... ...	203·9 ·47	... ...	... ...	7·5 5·18	17·4 3·77	29·2 ·94	55·6 2·82	28·2 ·47	·5 ·47	... ...	... ...	23·5 ...	71·6 ...	... ...	620·5 16·95	40·5
,, District	530	45·3 ...	... ...	... ...	... ...	301·9 1·89	... ...	... ...	5·7 1·89	41·5 9·43	54·7 1·89	56·6 5·66	22·6 ...	... ...	1·9 ...	... ...	37·7 3·77	83·0 ...	... ...	769·8 24·53	64·2
Jhansi	257	... ...	... ...	... ...	... ...	151·8 ...	... ...	... ...	... ...	50·6 7·78	27·2 ...	62·3 7·78	31·1 3·89	... ...	... ...	... ...	7·8 ...	190·7 ...	... ...	778·2 38·91	38·9
Lalitpur	87	... ...	... ...	... ...	... ...	149·4 ...	... ...	... ...	... ...	57·5 11·49	34·5 ...	46·0 34·48	34·5 ...	... ...	... ...	... ...	... ...	23·0 ...	... ...	517·2 57·47	23·0
Group VIII.—S. E. Rajputana, Central India, and Gujarat.	5,016	4·8 ...	... ...	·2 ...	... ...	176·2 ·40	1·0 ·40	1·6 ...	5·4 3·19	26·5 4·78	34·5 1·00	51·4 3·79	31·7 ·80	·2 ·20	3·0 ...	... ...	18·3 ·80	69·4 ...	... ...	600·5 18·94	35·3

JAILS.	Average annual strength.	1. ADMISSION-RATE. 2. DEATH-RATE, PER 1,000 OF STRENGTH.																		
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Average number constantly sick per 1,000 of strength.
A																					
Damoh	61	... ...	... ...	... ...	... ...	32·8 ...	... ...	... ...	... ...	65·6 16·39	... ...	65·6 ...	16·4 ...	... ...	49·2 32·79	... ...	... ...	32·8 ...	... ...	475·4 49·18	32·8
Saugor	174	... ...	... ...	... ...	... ...	183·9 ...	... ...	... ...	... ...	28·7 ...	92·0 5·75	80·5 5·75	143·7 ...	... ...	... ...	... ...	252·9 ...	247·1 ...	... ...	2,189·7 22·99	86·2
Jubbulpore Central.	1,125	... ...	... ...	... ...	... ...	484·4 ...	1·8 ·89	... ...	3·5 2·67	24·9 4·44	9·8 ...	172·4 8·00	79·1 2·67	... ...	4·4 ...	·9 ...	16·9 4·44	34·7 ...	... ...	1,054·2 31·11	23·1
Narsinghpur	115	... ...	... ...	... ...	... ...	452·2 ...	... ...	... ...	... 8·70	... ...	69·6 ...	34·8 8·70	260·9 26·09	... ...	... ...	... ...	60·9 ...	243·5 ...	... ...	1,513·0 52·17	43·5
Mandla	66	... ...	... ...	... ...	... ...	136·4 ...	... ...	... ...	... ...	... ...	... ...	106·1 15·15	... ...	... ...	... ...	... ...	30·3 ...	121·2 ...	... ...	772·7 15·15	30·3
Bilaspur	181	... ...	33·1 5·52	... ...	... ...	215·5 ...	... ...	... ...	... ...	5·5 ...	... ...	88·4 ...	55·2 ...	... ...	... ...	... ...	16·6 ...	77·3 ...	... ...	790·1 5·52	33·1
Sambalpur	160	... ...	... ...	... ...	... ...	137·5 ...	25·0 ...	... ...	... ...	... ...	18·8 ...	168·8 6·25	43·8 ...	... ...	... ...	... ...	... ...	43·8 ...	... ...	568·8 12·50	18·8
Raipur Central.	736	51·6 6·79	... ...	... ...	... ...	126·4 ...	13·6 ...	... ...	4·1 2·72	13·6 5·43	17·7 1·36	63·9 1·36	35·3 ...	... ...	... ...	... ...	14·9 1·36	35·3 ...	... ...	553·0 43·48	25·8
Balaghat	44	... ...	... ...	... ...	... ...	181·8 ...	68·2 22·73	... ...	... ...	... ...	22·7 ...	295·5 ...	45·5 ...	.. ...	... ...	... ...	45·5 ...	... ...	... ...	1,090·9 22·73	22·7
Seoni	53	... ...	... ...	... ...	18·9 18·87	226·4 ...	18·9 ...	... ...	18·9 ...	37·7 18·87	94·3 ...	18·9 ...	18·9 18·87	... ...	... ...	... ...	37·7 ...	37·7 ...	... ...	698·1 56·60	37·7
Chhindwara	74	... ...	... ...	... ...	... ...	310·8 ...	... ...	... ...	... ...	13·5 ...	121·6 ...	13·5 ...	121·6 ...	... ...	... ...	67·6 ...	270·3 ...	513·5 ...	... ...	1,878·4 13·51	81·1
Hoshangabad	161	... ...	... ...	... ...	... ...	323·0 ...	24·8 ...	... ...	12·4 6·21	... ...	24·8 ...	80·7 ...	161·5 ...	... ...	... ...	... ...	68·3 ...	217·4 ...	... ...	1,323·0 12·42	37·3
Nimar	73	... ...	... ...	... ...	... ...	27·4 ...	13·7 ...	... ...	... ...	... ...	... ...	41·1 13·70	27·4 ...	... ...	... ...	... ...	... ...	27·4 ...	... ...	301·4 13·70	13·7
Betul	81	... ...	... ...	... ...	... ...	74·1 ...	12·3 ...	... ...	... ...	24·7 ...	24·7 ...	148·1 ...	... ...	... ...	... ...	... ...	12·3 ...	61·7 ...	... ...	469·1 ...	24·7
Nagpur Central.	808	38·4 ...	... ...	... ...	5·0 1·24	226·5 ...	... ...	... ...	2·5 2·48	6·2 1·24	13·6 ...	12·4 ...	32·2 ...	... ...	... ...	... ...	1·2 ...	55·7 ...	... ...	505·0 8·06	17·3
Bhandara	85	82·4 ...	... ...	11·8 ...	... ...	11·8 ...	... ...	341·2 ...	... ...	23·5 ...	... ...	47·1 ...	23·5 ...	... ...	11·8 ...	... ...	23·5 11·76	11·8 ...	... ...	964·7 11·76	35·3
Wardha	56	... ...	... ...	... ...	... ...	410·7 ...	... ...	17·9 ...	... ...	... ...	35·7 ...	125·0 35·71	107·1 ...	... ...	... ...	35·7 ...	35·7 ...	35·7 ...	... ...	1,089·3 35·71	35·7
Chanda	92	... ...	... ...	... ...	... ...	76·1 ...	... ...	... ...	... ...	... ...	... ...	10·9 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	108·7 ...	* 5·0
Sironcha	3	... ...	... ...	... ...	... ...	666·7 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1,666·7 ...	...
B																					
Secunderabad	78	179·4 ...	... ...	... ...	... ...	230·8 ...	... ...	... ...	... ...	... ...	12·8 ...	38·5 12·82	38·5 ...	... ...	... ...	... ...	... ...	153·8 ...	... ...	1,179·5 12·82	25·6
Yeotmahl	69	14·5 ...	... ...	... ...	... ...	58·0 ...	... ...	... ...	14·5 ..	... ...	58·0 ...	... ...	43·5 ...	... ...	... ...	... ...	87·0 ...	72·5 ...	... ...	1,058·0 ...	29·0
Amraoti Central.	492	... ...	... ...	... ...	... ...	148·4 2·03	8·1 2·03	8·1 ...	4·1 4·07	4·1 2·03	12·2 ...	4·1 ...	16·3 ...	... ...	... ...	... ...	20·3 4·07	50·8 ...	2·0 2·03	374·0 16·26	8·1
Ellichpur	52	... ...	... ...	... ...	... ...	250·0 ...	... ...	... ...	... ...	... ...	38·5 ...	57·7 ...	... ...	... ...	... ...	... ...	... ...	57·7 ...	... ...	500·0 19·23	5·8*
Akola Central	565	37·2 ...	... ...	... ...	... ...	47·8 ...	1·8 ...	5·3 ...	... ...	7·1 1·77	21·2 1·77	35·4 1·77	15·9 1·77	... ...	... ...	15·9 3·54	14·2 1·77	10·6 ...	... ...	329·2 15·92	14·2
Basim	96	... ...	... ...	... ...	... ...	83·3 ...	... ...	... ...	... ...	41·7 ...	62·5 ...	... ...	10·4 ...	... ...	... ...	... ...	... ...	72·9 ...	... ...	458·3 ...	10·4
Buldana	74	... ...	... ...	... ...	... ...	54·1 ...	... ...	67·6 ...	... ...	... ...	... ...	13·5 ...	... ...	... ...	... ...	... ...	40·5 ...	40·5 ...	... ...	391·9 ...	13·5
Dhulia	410	... ...	... ...	... ...	... ...	124·4 ...	... ...	... ...	... ...	4·9 2·44	... ...	75·6 2·44	9·8 2·44	... ...	9·8 ...	... ...	2·4 ...	70·7 ...	... ...	397·6 12·20	19·5
Yerrowda Central.	1,889	... ...	... ...	... ...	·5 ·53	255·7 ·53	2·6 ...	1·1 ...	1·1 1·06	7·9 3·18	37·1 ·53	16·9 ·53	25·9 ...	... ...	... ...	1·1 ...	14·3 ...	166·2 ...	... ...	987·3 9·00	48·7
Bijapur	376	... ...	... ...	... ...	... ...	141·0 ...	... ...	... ...	... ...	13·3 2·66	18·6 ...	37·2 ...	13·3 2·66	.. ...	... ...	2·7 ...	5·3 2·66	74·5 ...	... ...	486·7 13·30	13·3
Deccan Gang	336	... ...	... ...	... ...	... ...	383·9 ...	... ...	... ...	... ...	20·8 5·95	35·7 ...	104·2 8·93	157·7 5·95	... ...	... ...	6·0 ...	29·8 ...	116·1 ...	... ...	1,232·1 26·79	38·7
Dharwar	487	... ...	24·6 14·37	... ...	... ...	53·4 ...	... ...	... ...	... ...	22·6 6·16	8·2 4·11	30·8 4·11	12·3 4·11	... ...	... ...	... ...	6·2 6·16	10·3 ...	... ...	234·1 45·17	6·2
GROUP IX.—DECCAN	9,072	12·3 ·55	2·0 ·88	·1 ...	·7 ·33	220·7 ·22	4·0 ·33	4·9 ..	1·9 1·43	12·1 2·98	23·0 ·66	58·9 2·87	44·4 1·54	... ...	1·4 ·22	2·4 ·22	21·7 1·54	85·2 ...	·1 ·11	760·4 19·73	28·0

* Worked on the aggregates.

TABLE XLII—*continued.*

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

Jails.	Average annual strength.	1. Admission-rate. 2. Death-rate, per 1,000 of strength.																			Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	
Thana	824	...	1·2	...	...	176·0	42·5	...	15·8	13·3	37·6	83·7	72·8	...	...	18·2	13·3	29·1	...	726·9	43·7
		...	1·21	...	...	...	9·71	...	10·92	7·28	7·28	8·50	7·28	...	...	8·50	...	...	...	71·60	
Bombay Common	375	...	...	...	...	50·7	13·3	...	8·0	8·0	2·7	21·3	26·7	...	...	...	16·0	5·3	...	842·7	18·7
		...	...	...	...	...	2·67	...	2·67	...	...	...	2·67	...	...	...	2·67	...	...	120·00	
Bombay House of Correction	291	...	...	...	...	185·6	...	...	41·2	13·7	27·5	48·1	61·9	...	...	...	27·5	20·6	...	529·2	24·1
		...	...	...	...	...	...	...	17·18	...	...	...	...	...	...	...	3·44	...	...	20·62	
Ratnagiri	144	...	...	...	...	97·2	...	6·9	...	...	34·7	34·7	...	...	...	34·7	6·9	13·9	...	430·6	34·7
		...	...	...	...	...	...	...	...	...	6·94	...	...	...	...	...	...	...	...	13·89	
Karwar	146	...	...	...	...	6·8	...	...	6·8	6·8	13·7	54·8	20·5	...	...	...	...	27·4	...	184·9	13·7
		...	...	...	...	...	...	...	...	...	...	6·85	...	...	...	...	...	...	...	6·85	
Mangalore	152	...	...	...	32·9	19·7	...	13·2	6·6	6·6	26·3	197·4	...	...	...	...	...	13·2	...	578·9	26·3
		...	...	...	6·58	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6·58	
Cannanore Central.	575	...	...	...	...	99·3	...	...	3·0	1·5	25·2	19·3	...	...	...	...	8·9	29·6	...	419·3	28·1
		...	...	...	...	4·44	...	...	2·96	...	2·96	...	...	...	...	...	1·48	...	...	16·30	
GROUP X.—WESTERN COAST.	2,607	...	·4	...	1·9	116·2	15·3	1·2	12·3	8·1	26·1	56·4	34·9	...	...	7·7	12·3	23·0	...	586·5	30·7
		...	·38	...	·38	1·15	3·45	...	6·52	2·30	3·45	3·07	2·69	...	...	2·69	1·15	...	...	47·95	
A Bellary	358	...	...	...	...	162·0	2·8	100·6	19·6	8·4	53·1	128·5	...	...	...	...	...	44·5	...	882·7	36·3
		...	...	...	...	...	...	...	2·79	...	...	2·79	...	...	...	...	...	...	...	8·38	
Salem Central	579	...	3·5	...	...	29·4	...	5·2	5·2	5·2	8·6	38·0	...	1·7	...	...	...	13·8	1·7	188·3	12·1
		...	1·73	...	...	3·45	...	...	...	...	...	5·18	...	1·73	...	...	...	...	...	13·82	
Coimbatore Central.	1,053	...	...	...	...	44·6	...	20·9	14·2	5·7	20·9	27·5	12·3	...	1·9	...	·9	4·7	...	321·9	19·9
		...	...	...	...	...	...	...	3·80	·95	·95	...	...	...	...	...	·95	...	...	16·14	
B Palamcottah	497	...	...	...	...	2·0	2·0	82·5	2·0	4·0	6·0	86·5	...	...	...	...	6·0	46·3	...	466·8	16·1
		...	...	...	...	...	...	...	...	2·01	2·01	6·04	...	...	...	...	2·01	...	...	14·08	
Madura	348	...	...	...	...	89·1	...	17·2	11·5	...	20·1	92·0	...	...	...	...	5·7	8·6	...	408·0	20·1
		...	...	...	...	...	...	...	2·87	...	2·87	2·87	...	...	...	...	2·87	...	...	28·74	
Trichinopoly Central.	928	...	...	...	...	70·0	...	64·7	22·6	1·1	23·7	18·3	10·8	...	...	...	2·2	64·7	...	463·4	20·5
		...	...	...	...	...	...	...	7·54	1·08	1·08	5·39	...	...	...	...	1·08	...	...	31·25	
Tanjore	359	...	...	...	...	19·5	...	11·1	...	2·8	5·6	8·4	...	...	...	...	...	8·4	...	153·2	11·1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22·28	
Cuddalore	322	...	...	...	...	21·7	...	59·0	3·1	...	12·4	90·1	...	...	...	...	3·1	71·4	...	565·2	21·7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Vellore Central.	1,126	...	...	...	·9	46·2	...	87·9	6·2	7·1	32·9	47·1	2·7	...	...	...	3·6	53·3	...	491·1	17·8
		...	...	...	...	...	...	...	·89	1·78	...	...	...	...	...	...	...	...	...	12·43	
Madras Debtors' (natives).	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras Penitentiary, Central, (natives).	899	...	1·1	...	...	121·2	...	159·1	17·8	13·3	96·8	37·8	...	...	...	...	2·2	85·7	...	916·6	30·0
		...	1·11	...	...	...	...	...	6·67	4·45	...	...	...	...	...	...	...	...	...	15·57	
Madras Penitentiary, Central, (Europeans).	10	...	...	...	...	400·0	...	400·0	...	...	300·0	...	...	...	...	...	...	...	...	1,200·0	100·0
		...	...	...	100·0	100·0	...	...	...	...	...	...	...	...	...	...	...	...	...	200·0	
Madras Debtors' (Europeans).	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nellore	168	...	...	...	...	29·8	...	41·7	6·0	...	23·8	23·8	6·0	...	...	...	...	71·4	...	410·7	17·9
		...	...	...	...	5·95	...	...	...	...	...	5·95	...	...	...	...	...	...	...	17·86	
Guntur	216	...	...	...	...	23·1	...	115·7	...	4·6	13·9	27·8	...	...	...	...	...	37·0	...	398·1	9·3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
C Rajamundry Central.	490	...	...	...	...	367·3	...	...	14·3	6·1	36·7	71·4	...	...	...	...	4·1	57·1	...	800·0	26·5
		...	...	...	...	4·08	...	...	...	2·04	...	...	...	...	...	...	...	...	...	14·29	
Vizagapatam	362	...	...	...	...	47·0	...	44·2	11·0	30·4	27·6	33·1	...	...	...	2·8	5·5	27·6	...	337·0	27·6
		...	...	...	...	2·76	...	...	...	...	...	...	...	...	...	...	2·76	...	...	5·52	
Berhampur	139	...	...	...	7·2	187·1	...	71·9	28·8	...	36·0	71·9	...	...	...	...	...	129·5	...	1,143·9	36·0
		...	...	...	7·19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14·39	
GROUP XI.—SOUTHERN INDIA.	7,881	...	·4	...	·3	80·1	·3	62·8	11·5	6·5	31·8	47·6	3·4	·1	·3	·1	2·4	44·9	·1	510·3	21·2
		...	·25	...	·25	·89	...	...	2·54	1·27	·51	1·78	...	·13	...	...	·63	...	...	15·99	

Jails.	Average annual strength.	Influenza.	Cholera	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Average constantly sick per 1,000 of strength.
		1. Admission-rate.									2. Death-rate, per 1,000 of strength.										
Shillong	43	558·1 ...	... ...	... ...	... ...	1,116·3 ...	... ...	... ...	... ...	... ...	93·0 23·26	139·5 ...	348·8 ...	... ...	... ...	... ...	23·3 ...	162·8 ...	... ...	3,465·1 23·26	69·8
Darjeeling	89	... ...	... ...	... ...	... ...	292·1 ...	... ...	... ...	... ...	... ...	22·5 ...	292·1 ...	56·2 ...	... ...	... ...	... ...	... ...	33·7 ...	... ...	876·4 ...	22·5
Almora	77	... ...	... ...	... ...	... ...	168·8 ...	... ...	... ...	... ...	... ...	13·0 ...	39·0 ...	90·9 ...	... ...	... ...	... ...	26·0 ...	26·0 ...	... ...	493·5 ...	39·0
Pauri	13	... ...	... ...	... ...	... ...	1,615·4 ...	76·9 76·92	... ...	... ...	... ...	... ...	1,230·8 ...	230·8 ...	... ...	... ...	... ...	... ...	... ...	... ...	3,692·3 76·92	153·8
Simla	15	... ...	... ...	... ...	... ...	533·3 ...	... ...	... ...	... ...	... ...	66·7 ...	66·7 ...	... ...	... ...	... ...	... ...	... ...	133·3 ...	... ...	933·3 ...	30·7*
Dharmsala	67	... ...	... ...	... ...	... ...	209·0 ...	... ...	... ...	... ...	14·9 ...	... ...	89·6 ...	149·3 ...	... ...	... ...	... ...	... ...	59·7 ...	... ...	746·3 ...	29·9
Abbottabad	74	... ...	... ...	... ...	... ...	283·8 ...	... ...	... ...	... ...	13·5 ...	... ...	40·5 ...	81·1 ...	... ...	... ...	... ...	... ...	54·1 ...	... ...	716·2 ...	27·0
Quetta	76	... ...	... ...	... ...	... ...	460·5 ...	... ...	105·3 ...	... ...	52·6 ...	52·6 ...	13·2 ...	13·2 ...	... ...	... ...	... ...	... ...	184·2 ...	... ...	1,210·5 13·16	26·3
Mercara	110	... ...	... ...	... ...	... ...	100·0 ...	27·3 18·18	... ...	9·1 ...	72·7 18·18	45·5 ...	100·0 9·09	209·1 45·45	... ...	... ...	... ...	54·5 27·27	72·7 ...	... ...	818·2 127·27	27·3
Russellkonda	98	... ...	... ...	... ...	... ...	61·2 10·20	... ...	40·8 ...	10·2 ...	10·2 ...	30·6 ...	40·8 ...	... ...	... ...	... ...	... ...	... ...	30·6 ...	... ...	295·9 40·82	20·4
Group XII.—Hills.	662	36·3 ...	... ...	... ...	... ...	306·6 1·51	6·0 4·53	18·1 ...	3·0 ...	22·7 3·02	30·2 1·51	116·3 1·51	105·7 7·55	... ...	... ...	... ...	13·6 4·53	71·0 ...	... ...	968·3 31·72	31·7
Extra India— Aden	31	... ...	... ...	... ...	... ...	... ...	... ...	64·5 ...	... ...	... ...	32·3 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	96·8 ...	·7*
INDIA	110,016	14·7 ·18	·9 ·56	·2 ·05	·2 ·11	343·4 ·75	6·7 ·82	20·6 ·04	8·1 3·55	14·4 3·34	33·9 ·96	98·1 5·47	50·2 1·31	·1 ·12	1·0 ·03	1·1 ·12	16·3 ·95	79·7 ·04	·1 ...	918·5 23·87	34·6
Andamans	11,293	... ...	... ...	... ...	... ...	1,198·4 ·35	21·0 3·19	·5 ...	10·3 7·62	5·9 2·57	68·1 1·33	164·3 15·58	38·3 2·75	·2 ·09	1·6 ...	·4 ·09	30·8 2·92	92·8 ...	·5 ...	1,936·9 42·24	57·2
Burma	12,548	3·5 ...	3·3 1·99	·8 ·40	·3 ·24	110·6 ·24	4·6 ·08	23·6 ...	9·5 3·27	7·3 1·83	14·3 ·08	75·2 4·62	37·1 ·40	·3 ·24	·2 ...	·6 ...	7·9 ·56	74·0 ·08	... ...	583·6 18·73	26·5
Assam	1,323	24·2 ...	19·7 13·61	... ...	... ...	320·5 6·80	8·3 4·54	·8 ...	3·8 1·51	8·3 3·02	34·0 3·02	177·6 6·05	96·0 4·54	... ...	·8 ...	2·3 ·76	24·9 1·51	43·8 ...	... ...	962·2 55·18	47·6
Bengal	18,118	17·7 ·22	·4 ·28	·1 ...	·1 ·06	287·3 1·44	8·7 ·66	70·3 ·17	10·8 4·42	13·5 2·98	36·0 ·99	219·5 6·18	89·1 ·99	·2 ·22	·8 ...	·8 ...	9·7 ·77	39·4 ·06	... ...	1,003·9 23·79	35·0
N.-W. Provinces and Oudh.	29,303	34·0 ·34	·1 ·10	·3 ...	·1 ·07	273·1 ·75	5·1 ·41	2·7 ·03	6·7 2·90	19·9 4·44	30·9 ·96	54·5 5·36	44·6 1·43	·1 ·03	1·0 ·03	·3 ·03	23·2 ·65	83·7 ·07	... ...	792·0 22·25	37·7
Punjab	13,512	8·0 ·07	... ...	... ...	... ...	440·5 ·44	2·0 ·44	3·3 ...	6·6 2·96	21·1 4·81	37·4 1·18	69·5 2·52	69·1 ·96	·1 ·22	1·3 ...	2·0 ...	12·9 ·15	161·4 ...	... ...	1,096·7 18·72	32·6
Bombay	8,981	·9 ...	1·4 ·89	·2 ...	·1 ·11	138·6 ·11	6·2 1·22	1·4 ...	5·9 2·67	17·4 3·79	28·5 1·67	44·5 2·45	34·4 1·78	... ...	2·1 ...	3·7 ·89	10·4 ·89	68·1 ...	... ...	614·1 24·72	27·6
Berar and Secunderabad	1,426	25·2 ...	... ...	... ...	... ...	103·1 ·70	3·5 ·70	8·4 ...	2·1 1·40	7·0 1·40	21·7 ·70	20·3 1·40	16·8 ·70	... ...	... ...	6·3 1·40	18·9 2·10	42·8 ...	·7 ·70	444·6 13·32	12·6
Central Provinces	4,148	18·3 1·21	1·4 ·24	·2 ...	1·2 ·48	268·3 ...	6·3 ·48	7·2 ...	2·9 2·17	14·5 2·89	20·5 ·48	91·1 4·10	63·2 1·69	... ...	2·2 ·48	1·9 ...	30·6 1·69	71·6 ...	... ...	849·8 24·59	27·7
Madras	8,806	... ...	·3 ·23	... ...	·8 ·34	80·3 1·25	·2 ...	56·9 ...	10·8 2·50	6·1 1·14	31·2 ·68	47·9 1·59	3·1 ...	·1 ·11	·2 ...	·1 ...	2·8 ·68	43·0 ...	·1 ...	502·2 16·13	21·8
Non-British Jails:—																					
Sadra	55	... ...	... ...	... ...	... ...	181·8 ...	18·2 18·18	... ...	... ...	18·2 ...	36·4 ...	... ...	54·5 ...	... ...	... ...	18·2 ...	... ...	54·5 ...	... ...	472·7 18·18	18·2
Kolhapur	280	... ...	... ...	... ...	... ...	39·3 ...	... ...	275·0 ...	... 3·57	50·0 ...	89·3 3·57	53·6 ...	46·4 ...	... ...	... ...	28·6 ...	32·1 ...	75·0 ...	... ...	1,075·0 25·00	35·7
Savantvadi	42	... ...	... ...	... ...	... ...	47·6 ...	23·8 ...	... ...	... ...	... ...	... ...	47·6 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	238·1 ...	9·9*

* Worked on the aggregates.

TABLE XLIII.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Port Blair	11,293	...	...	...	...	13,534	237	6	116	67	769	1,855	432	2	18	5	348	1,048	6	21,873	...	...	1	...	1	646
		...	...	...	...	4	36	...	86	29	15	176	31	1	...	1	33	...	...	477	...	...	...	...	...	
Mergui	30	...	1	...	...	...	...	3	...	...	...	3	...	...	...	...	...	...	...	8	...	...	...	...	...	...
		...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	3	...	...	...	...	...	
Tavoy	114	...	...	...	...	6	...	...	...	...	...	2	...	...	...	...	...	1	...	12	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Moulmein	536	...	19	6	...	55	1	126	9	3	26	281	188	...	...	...	2	84	...	1,004	15	...	...	...	...	38
		...	12	2	...	...	...	...	5	1	...	16	...	...	...	...	...	...	...	40	...	...	...	...	...	
Shwegyin	181	...	...	...	...	24	...	...	...	...	3	14	13	...	...	...	...	23	...	129	...	...	...	...	...	8
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Toungoo	471	...	...	...	...	19	1	48	3	9	1	14	13	...	...	...	1	11	...	199	...	...	...	...	...	7
		...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Rangoon Central (Europeans)	19	...	...	...	1	2	...	...	...	...	1	3	...	...	...	...	...	...	...	18	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Rangoon Central (natives)	2,075	1	...	...	2	269	9	18	26	9	63	86	8	...	...	7	15	275	...	1,546	...	...	1	...	...	79
		...	...	...	2	2	...	...	10	2	...	4	...	...	...	...	1	1	...	35	...	...	...	...	...	
Maubin	383	...	...	...	...	13	1	4	...	2	3	10	9	...	...	...	2	14	...	110	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Bassein Central	1,167	...	4	...	...	56	...	89	14	3	6	87	20	...	...	...	3	147	...	665	...	...	...	...	...	43
		...	4	...	...	...	...	...	4	1	...	2	1	...	...	...	1	...	...	22	...	...	...	...	...	
Insein Central	1,958	...	...	...	...	241	9	...	30	19	21	164	35	2	...	...	14	159	...	1,194	...	10	...	...	...	43
		...	...	...	...	...	...	...	5	4	...	11	...	1	...	...	...	...	...	25	...	...	...	...	...	
Henzada	466	...	1	...	...	29	1	...	...	...	2	4	4	1	...	...	3	34	...	153	...	...	...	...	...	6
		...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	4	...	...	...	...	...	
Myanaung	86	...	...	...	...	6	...	...	...	...	...	2	4	...	...	...	...	18	...	45	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sandoway	72	...	...	...	...	...	...	...	...	...	2	4	...	...	...	...	...	2	...	15	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Kyaukpyu	179	...	...	1	...	31	...	...	...	...	...	7	3	...	...	...	6	11	...	96	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	
Akyab	349	...	...	...	...	17	...	...	...	3	2	47	22	1	...	1	12	13	...	148	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	2	...	3	...	1	...	...	...	...	...	9	...	...	...	...	...	
GROUP I.—BURMA COAST AND BAY ISLANDS.	19,379	1	25	7	3	14,302	259	294	198	115	899	2,583	751	6	18	13	406	1,840	6	27,215	15	10	2	...	1	892
		...	17	2	2	6	37	...	112	41	15	216	32	4	...	1	37	1	...	630	...	...	...	...	...	
Paungdi	71	...	...	...	...	16	..	1	...	1	...	3	3	...	...	...	1	3	...	35	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Prome	301	...	...	...	...	8	...	...	1	...	1	3	2	...	...	...	...	6	...	65	...	...	...	...	...	4
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	5	...	...	...	...	...	
Thayetmyo Central.	1,013	...	...	3	...	134	2	...	17	19	12	13	3	...	...	...	28	39	...	510	...	...	...	...	...	13
		...	...	3	...	...	...	...	4	3	...	...	...	...	...	...	2	...	...	14	...	...	...	...	...	
Taungdwingyi	78	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	7	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Magwe	158	...	...	...	...	1	...	4	...	1	...	1	3	...	1	...	...	10	...	35	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Minbu	119	...	...	...	...	20	...	2	...	...	2	6	19	...	..	...	1	11	...	103	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Yamethin	111	...	...	...	...	7	...	1	...	...	3	...	1	...	...	...	...	3	...	25	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Meiktila	180	...	...	...	...	4	...	...	...	...	...	14	6	...	...	...	...	9	...	59	1	...	...	...	...	4
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Pagan	99	...	...	...	...	5	...	...	1	...	...	1	2	...	...	...	...	1	...	16	...	...	...	...	...	1
		...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Pakôkku	57	...	2	...	...	6	...	...	...	...	...	6	5	...	...	...	...	1	...	32	...	...	...	...	...	2
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Myingyan Central.	869	43	5	...	1	143	29	...	8	10	7	26	21	...	...	...	4	16	...	360	...	...	...	...	...	15
		...	2	...	1	...	...	...	6	1	...	...	...	...	...	...	...	...	...	15	...	...	...	...	...	
Mandalay Central.	955	...	2	...	...	188	...	...	9	7	22	50	44	...	...	...	5	14	...	406	...	...	...	...	...	25
		...	...	...	...	...	...	...	3	5	...	3	2	...	...	...	...	...	...	14	...	...	...	...	...	
Monywa	89	...	8	...	...	4	...	...	...	...	...	4	7	...	...	...	...	2	...	37	...	...	...	...	...	2
		...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
Shwebo	138	...	...	...	...	11	3	...	...	1	...	1	5	...	...	...	...	8	...	42	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Bhamo	85	...	...	...	...	46	2	...	...	3	2	68	20	...	2	...	...	6	...	173	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	1	...	8	...	...	...	...	...	...	...	10	...	...	...	...	...	
Katha	85	...	...	...	...	27	...	...	...	...	...	6	4	...	...	...	1	5	...	55	...	...	...	...	...	3
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Kindat	54	...	...	...	...	...	...	...	1	1	...	10	2	...	...	...	1	3	...	21	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	1	...	4	1	...	...	...	1	...	...	8	...	...	...	...	...	
GROUP II.—BURMA INLAND.	4,462	43	17	3	1	620	36	8	37	43	49	216	147	...	3	...	41	137	...	1,981	1	..	...	...	...	86
		...	8	3	1	1	...	...	15	11	1	18	4	...	...	...	3	...	...	82	...	...	...	...	...	

1. Admissions. 2. Deaths.

Jails.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Cachar	66	... ...	... ...	... ...	... ...	6 ...	1 ...	... ...	... ...	2 ...	1 ...	12 ...	2 ...	... ...	... ...	... ...	... ...	3 ...	... ...	35 1	... ...	... ...	... ...	... ...	... ...	2
Sibsagar	72	1 ...	... ...	... ...	... ...	17 ...	... ...	... ...	... ...	... ...	7 ...	14 ...	14 ...	... ...	... ...	... ...	1 ...	13 ...	... ...	92 ...	... ...	... ...	... ...	... ...	... ...	2
Dibrugarh	68	... ...	... ...	... ...	... ...	77 ...	... ...	... ...	... ...	... ...	4 ...	47 ...	33 ...	... ...	... ...	1 ...	3 ...	3 ...	... ...	182 ...	... ...	... ...	... ...	... ...	... ...	6
Tezpur	246	... ...	... ...	... ...	... ...	33 1	... ...	... ...	2 1	2 2	2 ...	22 1	6 1	... ...	... ...	... ...	1 ...	4 ...	... ...	82 8	... ...	... ...	1 ...	... ...	... ...	5
Nowgong	44	7 ...	... ...	... ...	... ...	44 ...	... ...	... ...	... ...	... ...	2 ...	5 ...	1 ...	... ...	... ...	... ...	4 ...	3 ...	... ...	94 ...	... ...	... ...	1 ...	4 ...	... ...	4
Gauhati	239	... ...	25 18	... ...	... ...	35 1	... ...	... ...	... ...	6 2	4 ...	40 5	7 1	... ...	... ...	... ...	2 ...	10 ...	... ...	145 29	... ...	... ...	... ...	... ...	... ...	8
Dhubri	21	... ...	1 ...	... ...	... ...	6 ...	... ...	... ...	1 1	1 ...	1 ...	10 ...	5 ...	... ...	1 ...	... ...	... ...	5 ...	... ...	41 1	... ...	... ...	... ...	... ...	... ...	2
Sylhet	524	... ...	... ...	... ...	... ...	158 7	10 6	1 ...	2 ...	... ...	20 3	79 2	44 4	... ...	... ...	2 1	21 2	10 ...	... ...	453 33	... ...	... ...	... ...	... ...	... ...	31
GROUP III.—ASSAM.	1,280	8 ...	26 18	... ...	... ...	376 9	11 6	1 ...	5 2	11 4	41 3	229 8	112 6	... ...	1 ...	3 1	32 2	51 ...	... ...	1,124 72	... ...	... ...	2 ...	4 ...	... ...	60
Mymensingh	493	... ...	... ...	... ...	... ...	102 2	... ...	... ...	5 3	5 3	21 ...	34 1	111 1	... ...	... ...	2 ...	4 1	18 ...	... ...	399 12	... ...	... ...	... ...	... ...	... ...	16
Dacca Central	1,116	... ...	... ...	... ...	... ...	227 1	11 1	185 ...	13 6	25 8	31 1	351 7	122 ...	... ...	... ...	... ...	21 ...	43 ...	... ...	1,261 25	... ...	... ...	... ...	... ...	... ...	53
Tippera	298	... ...	... ...	... ...	... ...	8 ...	... ...	100 ...	... ...	2 ...	9 1	58 ...	16 ...	... ...	... ...	6 ...	1 ...	16 ...	... ...	277 4	... ...	1 ...	... ...	... ...	... ...	7
Chittagong	202	... ...	... ...	... ...	... ...	41 ...	... ...	... ...	2 ...	1 ...	7 ...	67 2	13 ...	... ...	... ...	... ...	1 ...	1 ...	... ...	142 2	... ...	... ...	... ...	... ...	... ...	3
Noakhali	119	... ...	... ...	... ...	... ...	31 ...	... ...	... ...	... ...	... ...	... ...	24 ...	4 ...	1 1	... ...	... ...	1 ...	4 ...	... ...	86 1	... ...	... ...	... ...	... ...	... ...	3
Backergunge	449	... ...	... ...	... ...	... ...	117 1	3 2	... ...	1 1	1 1	19 3	226 12	58 ...	... ...	... ...	... ...	8 3	10 ...	... ...	535 27	... ...	... ...	... ...	... ...	... ...	27
Khulna	33	... ...	... ...	... ...	... ...	22 ...	1 ...	25 ...	... ...	1 ...	3 ...	6 ...	4 ...	... ...	... ...	... ...	... ...	1 ...	... ...	73 ...	... ...	... ...	... ...	... ...	... ...	1
Jessore	366	... ...	... ...	... ...	... ...	141 ...	6 ...	... ...	2 2	11 3	12 1	257 2	7 ...	... ...	... ...	... ...	1 ...	... ...	... ...	457 11	... ...	... ...	... ...	... ...	... ...	20
Baraset	78	... ...	... ...	... ...	... ...	75 ...	1 ...	... ...	1 ...	2 1	4 ...	39 ...	9 ...	... ...	... ...	... ...	... ...	6 ...	... ...	167 1	... ...	... ...	... ...	... ...	... ...	4
Presidency, Central, (Europeans)	39	... ...	... ...	... ...	... ...	20 ...	... ...	... ...	1 ...	... ...	... ...	4 ...	5 ...	... ...	... ...	... ...	... ...	4 ...	... ...	58 ...	... ...	... ...	... ...	... ...	... ...	1
Presidency, Central, (natives)	1,214	... ...	... ...	... ...	... ...	242 2	... ...	3 ...	25 13	11 4	26 2	174 3	37 ...	... ...	... ...	2 ...	4 ...	27 ...	... ...	709 29	... ...	1 ...	... ...	... ...	... ...	31
Alipore Central	1,785	... ...	... ...	... ...	... ...	131 1	... ...	667 ...	40 19	24 2	74 1	287 3	58 ...	... ...	9 ...	... ...	27 1	91 ...	... ...	2,123 34	... ...	... ...	... ...	... ...	... ...	61
Hooghly	356	18 1	2 1	... ...	... ...	83 ...	... ...	... ...	5 3	2 ...	8 2	223 8	95 1	... ...	... ...	... ...	6 2	5 ...	... ...	472 22	... ...	... ...	... ...	... ...	... ...	12
Burdwan	215	... ...	... ...	... ...	... ...	51 ...	3 ...	4 ...	3 ...	... ...	4 ...	42 1	1 ...	... ...	... ...	... ...	5 ...	21 ...	... ...	175 1	... ...	... ...	2 ...	... ...	... ...	11
Krishnagar	204	... ...	... ...	... ...	... ...	26 1	... ...	... ...	1 1	1 1	3 ...	32 1	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	70 5	... ...	... ...	... ...	... ...	... ...	5
Faridpur	373	... ...	... ...	... ...	... ...	22 1	... ...	21 ...	2 ...	7 4	15 ...	121 10	6 1	1 1	... ...	... ...	4 1	10 ...	... ...	237 20	... ...	... ...	... ...	... ...	... ...	10
Pabna	172	10 ...	... ...	... ...	... ...	57 ...	1 1	15 ...	2 1	2 1	13 ...	59 3	16 ...	1 1	... ...	... ...	3 ...	6 ...	... ...	214 7	... ...	... ...	... ...	... ...	... ...	10
Murshidabad	192	... ...	... ...	... ...	... ...	20 ...	34 2	... ...	1 1	... ...	6 1	46 2	2 ...	... ...	... ...	... ...	1 ...	5 ...	... ...	140 7	2 ...	... ...	... ...	... ...	1 ...	6
Rajshahi Central.	740	132 ...	... ...	... ...	... ...	165 ...	41 2	13 ...	9 3	20 1	36 ...	38 4	59 ...	... ...	... ...	... ...	3 ...	1 ...	... ...	754 11	... ...	... ...	... ...	... ...	... ...	24
Bogra	111	... ...	... ...	... ...	... ...	45 1	2 ...	... ...	1 ...	2 ...	... ...	27 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	102 3	... ...	... ...	... ...	... ...	... ...	3
Malda	89	... ...	... ...	... ...	... ...	42 ...	... ...	8 ...	1 1	2 ...	... ...	11 1	1 ...	... ...	... ...	... ...	... ...	2 ...	... ...	70 2	... ...	... ...	... ...	... ...	... ...	2
Dinajpur	197	... ...	1 1	... ...	... ...	14 ...	... ...	7 ...	3 ...	1 ...	6 ...	24 1	3 ...	... ...	... ...	... ...	3 ...	2 ...	... ...	83 3	1 ...	... ...	... ...	... ...	... ...	4

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

		1. ADMISSIONS. 2. DEATHS.																								
JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Rangpur	222	... ...	... ...	... ...	... ...	55 2	1 ...	1 ...	3 1	1 ...	6 ...	72 2	49 1	... ...	... ...	... ...	9 1	11 ...	... ...	283 8	... ...	... ...	... ...	... ...	... ...	9
Jalpaiguri	99	... ...	... ...	... ...	... ...	45 ...	2 ...	... ...	1 ...	... ...	... ...	... ...	46 ...	... ...	... ...	... ...	... ...	7 ...	... ...	150 1	2 ...	... ...	... ...	... ...	.. ..	3
Purneah	162	... ...	... ...	... ...	... ...	44 ...	7 1	30 ...	3 3	2 1	9 1	21 2	4 ...	... ...	... ...	... ...	2 ...	3 ...	... ...	137 9	... ...	... ...	... ...	... ...	... ...	4
Naya Dumka	82	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	1 1	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	1 ...	... ...	10 2	... ...	... ...	... ...	... ...	... ...	...
Suri	288	... ...	2 1	... ...	... ...	61 ...	3 ...	2 ...	4 1	9 2	17 1	92 8	19 1	.. ...	4 ...	... ...	6 ...	2 ...	... ...	240 15	... .	... ...	... ...	... ...	... ...	11
Bankura	250	... ...	1 1	... ...	... ...	107 2	... ...	... ...	3 2	9 1	2 ...	58 ...	124 1	... ...	... ...	... ...	17 1	10 ...	... ...	425 8	... ...	... ...	... ...	... ...	... ...	9
Midnapore Central.	909	... ...	... ...	... ...	... ...	182 ...	... ...	... ...	12 3	14 6	15 ...	129 9	62 2	... ...	... ...	... ...	... ...	25 ...	... ...	515 27	... ...	... ...	... ...	... ...	.. ...	15
Balasore	114	... ...	... ..	... ...	... ...	12 ...	1 ...	1 ...	... ...	2 ...	2 ...	12 2	8 1	... ...	... ...	... ...	... ...	6 ...	... ..	57 3	.. ...	... ...	... ...	... ...	... ...	2
Cuttack	244	... ...	.. ...	... ...	... ...	79 ...	... ...	... ...	3 ...	7 ...	15 ...	56 ...	37 ...	... ...	... ...	3 ...	... ...	18 ...	... ...	252 1	... ...	... ...	... ...	... ...	... ...	8
Puri	104	... ...	... ...	... ...	... ...	7 ...	... ...	... ...	... ...	1 1	... ...	1 ...	5 ...	... ...	... ...	... ...	2 ...	2 ...	... ...	35 3	... ...	... ...	... ...	... ...	... ...	1
Angul	51	... ...	... ...	... ...	... ...	13 ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	1 ...	1 ...	... ...	20 ...	... ...	... ...	... ...	... ...	... ...	1
GROUP IV.—BENGAL AND ORISSA.	11,366	162 1	6 4	... ...	... ...	2,287 14	117 9	1,082 ...	148 64	166 41	363 14	2,593 84	982 9	3 3	13 ...	13 ...	130 10	362 ...	... ...	10,728 304	5 ...	2 ...	2 ...	... ...	1 ...	377
A. Chaibassa	160	18 ...	... ...	... ...	... ...	72 ...	4 1	... ...	1 1	10 2	5 ...	91 ...	12 ...	... ...	... ...	... ...	... ...	4 ...	... ...	246 6	... ...	... ...	... ...	... ...	... ...	7
Purulia	198	... ...	... ...	... ...	... ...	85 ...	... ...	... ...	... ...	4 ...	7 1	18 ...	28 ...	1 1	... ...	... ...	... ...	4 ...	... ...	157 3	... ..	... ..	... ...	... ...	... ...	3
Ranchi	201	... ...	.. ...	1 ...	... ...	11 ...	... ...	37 ...	... ...	7 3	5 ...	38 4	11 ...	... ...	... ...	... ...	... ...	13 ...	... ...	145 8	... ...	... ...	... ...	... ...	... ...	4
Palamau	81	... ...	... ...	... ...	... ...	32 1	... ...	... ...	3 1	... ...	1 ...	13 1	2 ...	... ...	... ...	... ...	2 ...	3 ...	... ...	63 3	... ...	... ...	... ...	... ...	... ...	2
Hazaribagh Central.	947	59 2	... ...	... ...	... ...	172 ...	22 1	100 ...	17 2	31 3	19 ...	116 ...	44 2	... ...	... ...	... ...	1 1	36 ...	... ...	799 15	2 ...	... ...	... ...	... ...	... ...	34
B. Gaya	364	... ...	... ...	... ...	.. ...	223 ...	... ...	11 2	1 ...	2 2	... ...	37 ...	54 ...	... ...	1 ...	... ...	6 ...	14 ...	... ...	423 5	... ...	... ...	... ...	... ...	... ...	8
Bhagalpur Central.	1,691	... ...	... ...	... ...	... ...	114 2	... ...	11 ...	9 4	11 3	152 2	396 5	133 3	... ...	... ...	... ...	3 1	32 1	... ...	1,054 29	1 ...	1 ...	... ..	... ...	... ..	42
Monghyr.	225	5 ...	... ...	... ...	... ...	77 1	1 ...	... ...	3 2	1 ...	19 ...	33 2	20 ...	... ...	... ...	1 ...	3 ...	9 ...	... ...	215 6	... ...	... ...	... ...	... ...	... ..	6
Darbhanga	348	... ...	1 1	... ...	... ...	165 3	... ...	... ...	... ...	... ...	12 ...	127 4	84 3	... ...	... ...	... ...	1 ...	16 ...	... ...	535 12	... ...	... ...	... ...	... ...	... ...	22
Champarun	298	... ...	.. ...	... ...	... ...	66 2	... ...	... ...	... ...	... ...	2 ...	78 1	9 ...	... ...	... ...	... ...	4 1	8 ...	... ...	188 6	... ...	... ...	... ...	... ...	... ...	6
Muzaffarpur	279	15 ...	... ...	... ...	... ...	21 1	5 1	30 ...	3 ...	... ...	5 ...	36 ...	25 ...	... ...	... ...	1 ...	3 ...	4 ...	... ...	210 4	2 ...	2 ...	... ...	... ...	... ...	9
Patna	263	... ...	... ...	... ...	... ...	94 ...	1 ...	... ...	... ...	... ...	10 ...	27 2	33 ...	... ...	... ...	... ...	1 1	26 ...	... ...	259 5	... ...	... ...	... ...	... ...	.. ..	12
Arrah	153	... ...	... ...	... ...	... ...	27 ...	7 ...	... ...	1 1	5 ...	3 ...	31 ...	7 ...	... ...	... ...	... ...	1 ...	7 ...	... ...	111 1	... ...	... ...	... ...	... ...	... ...	2
Chapra	253	... ...	... ...	... ...	1 1	71 ...	... ...	2 1	1 1	3 ...	8 ...	112 2	18 ...	... ...	... ...	... ...	5 ...	16 ...	... ...	318 5	1 ...	10 ...	... ...	... ...	... ...	13
Buxar Central	1,202	62 1	... ...	... ...	... ...	1,663 2	... ...	... ...	9 4	4 ...	40 1	204 7	148 1	... ...	... ...	... ...	15 ...	156 ...	... ...	2,659 19	4 ...	3 ...	... ...	... ...	... ...	85
Korantadih	45	... ...	... ...	... ...	... ...	33 ...	... ...	... ...	... ...	1 1	2 ...	14 1	7 ...	... ...	... ...	... ...	6 ...	1 ...	... ...	98 2	... ...	... ...	... ...	... ...	... ...	3
Ghazipur	563	8 ...	... ...	... ...	... ...	11 1	80 5	1 ...	3 2	8 2	17 4	14 3	20 5	... ...	... ...	... ...	9 1	58 1	... ...	308 26	.. ...	... ...	... ...	... ...	... ...	12
Azamgarh	361	26 ...	... ...	... ...	... ...	160 ...	... ...	... ...	4 1	23 1	46 ...	51 5	11 ...	... ...	... ...	... ...	26 ...	71 ...	... ...	681 11	... ...	... ...	... ...	... ...	2 ...	25
Kassia	38	... ...	... ...	... ...	... ...	5 ...	... ...	... ...	... ...	1 ...	2 ...	... 1	1 ...	... ...	... ...	... ...	4 ...	2 ...	... ...	18 1	... ...	... ...	... ...	... ...	... ...	1
Gorakhpur	519	9 1	... ...	... ...	... ...	109 ...	1 1	... ...	... ...	14 6	16 ...	18 ...	26 2	... ...	... ...	... ...	18 2	36 ...	... ...	341 13	3 ...	... ...	... ...	... ...	1 ...	18
Basti	386	... ...	... ...	... ...	... ...	53 ...	4 1	... ...	2 2	3 1	7 ...	52 6	15 1	... ...	2 ...	... ...	16 2	55 ...	... ...	284 15	3 ...	... ...	... ...	... ...	... ...	12
Fyzabad	516	... ...	... ...	... ...	... ...	160 1	... 1	... ...	1 ...	15 3	18 ...	63 9	63 1	... ...	... ...	3 1	28 1	79 ...	... ...	658 21	1 ...	4 ...	... ...	... ...	... ...	30
Sultanpur	355	... ...	... ...	... ...	... ...	130 1	... ...	... ...	... ...	9 2	10 ...	10 1	5 ...	... ..	... ...	... ...	2 ...	2 ...	... ...	220 5	... ...	... ...	... ...	... ...	... ...	9

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Rai Bareli	473	... ...	... ...	... ...	... ...	78 ...	... ...	... ...	5 2	... ...	7 1	3 ...	21 ...	... ...	... ...	... ...	29 2	45 ...	... ...	334 13	5 ...	... ...	... ...	... ...	... ...	20
Partabgarh	257	... ...	... ...	... ...	... ...	39 ...	... ...	2 ...	1 1	4 ...	5 ...	11 1	6 ...	... ...	1 ...	... ...	6 ...	18 ...	... ...	143 3	... ...	... ...	... ...	... ...	... ...	6
Jaunpur	323	1 ...	... ...	... ...	... ...	149 ...	... ...	... ...	... ...	6 1	14 ...	15 2	26 4	... ...	... ...	... ...	5 ...	45 ...	... ...	335 10	... ...	... ...	... ...	... ...	... ...	12
Benares Central.	2,091	... ...	... ...	... ...	... ...	227 2	... ...	... ...	6 8	5 ...	38 1	59 4	77 5	... ...	... ...	... ...	33 1	125 ...	... ...	807 29	... ...	... ...	... ...	... ...	... ...	54
„ District	441	... ...	... ...	... ...	... ...	136 ...	6 1	... ...	4 3	9 4	14 ...	40 8	12 ...	... ...	... ...	... ...	... ...	59 ...	... ...	328 18	... ...	... ...	... ...	... ...	... ...	17
Mirzapur	247	3 ...	2 2	... ...	... ...	68 ...	5 ...	31 1	2 ...	12 3	14 1	22 ...	25 2	... ...	... ...	... ...	4 ...	58 1	... ...	393 22	... ...	... ...	... ...	... ...	... ...	18
Allahabad Central.	2,138	8 ...	... ...	6 ...	1 ...	549 ...	... ...	... ...	22 11	13 3	41 ...	68 17	79 7	... ...	... ...	... ...	27 3	158 ...	... ...	1,198 45	... ...	... ...	... ...	... ...	... ...	62
„ District	694	57 ...	... ...	... ...	... ...	132 1	3 ...	... ...	2 1	51 13	36 2	30 2	20 1	... ...	... ...	... ...	10 ...	93 ...	1 ...	700 22	... ...	1 ...	3 ...	... ...	... ...	25
Karwi	35	... ...	... ...	... ...	... ...	21 ...	... ...	... ...	... ...	1 1	2 ...	2 ...	2 ...	... ...	... ...	... ...	... ...	2 ...	... ...	45 1	... ...	... ...	... ...	... ...	... ...	2
Banda	268	... ...	... ...	... ...	... ...	153 ...	... ...	... ...	2 2	5 2	6 ...	20 5	26 1	... ...	... ...	... ...	6 ...	44 ...	... ...	323 13	... ...	... ...	... ...	... ...	... ...	15
Fatehpur	326	8 ...	... ...	... ...	... ...	225 ...	... ...	17 ...	... ...	13 1	19 ...	36 3	34 2	... ...	... ...	... ...	7 ...	35 ...	... ...	509 10	... ...	... ...	... ...	... ...	... ...	30
Hamirpur	120	... ...	... ...	... ...	... ...	97 ...	... ...	... ...	... ...	9 1	9 ...	12 1	13 ...	... ...	... ...	... ...	7 ...	54 ...	... ...	276 4	... ...	... ...	... ...	... ...	... ...	10
Orai	173	16 ...	... ...	... ...	... ...	51 ...	... ...	... ...	... ...	7 2	2 ...	7 ...	13 ...	... ...	... ...	... ...	5 1	36 ...	... ...	198 5	... ...	... ...	... ...	... ...	... ...	10
Cawnpore	345	4 1	... ...	... ...	... ...	123 1	8 ...	... ...	1 ...	6 ...	23 ...	27 5	18 ...	... ...	10 1	... ...	66 ...	65 ...	... ...	500 8	1 ...	... ...	... ...	... ...	... ...	30
Unao	304	... ...	... ...	... ...	... ...	77 ...	... ...	6 ...	... ...	4 3	3 ...	8 ...	9 ...	... ...	2 ...	... ...	1 ...	24 ...	... ...	187 3	... ...	... ...	... ...	... ...	... ...	7
Lucknow Central.	1,766	152 ...	... ...	... ...	... ...	496 1	... ...	6 ...	24 10	22 5	23 2	143 5	54 2	... ...	1 ...	... ...	18 2	85 ...	... ...	1,312 31	... ...	1 ...	... ...	... ...	... ...	57
„ District	568	10 ...	... ...	... ...	... ...	173 ...	... ...	... ...	2 3	8 3	8 1	23 6	15 ...	... ...	1 ...	... ...	7 ...	34 ...	... ...	421 14	... ...	... ...	... ...	... ...	... ...	17
Barabanki	456	1 ...	... ...	... ...	... ...	52 1	4 ...	4 ...	... ...	4 1	18 3	36 1	8 ...	... ...	... ...	... ...	3 ...	30 ...	... ...	237 10	... ...	... ...	... ...	... ...	... ...	7
Gonda	594	... ...	... ...	... ...	... ...	188 3	... ...	... ...	3 3	15 7	8 ...	30 6	14 ...	... ...	... ...	... ...	1 ...	22 ...	... ...	389 22	... ...	... ...	... ...	... ...	... ...	24
Bahraich	417	36 1	... ...	... ...	... ...	410 1	... ...	... ...	... ...	3 1	18 ...	31 1	23 1	... ...	... ...	... ...	3 ...	81 ...	... ...	793 5	... ...	... ...	... ...	... ...	... ...	34
Kheri	333	2 ...	... ...	... ...	... ...	136 ...	... ...	... ...	... ...	10 1	12 ...	9 1	4 ...	... ...	... ...	... ...	6 ...	34 ...	... ...	336 5	... ...	1 ...	... ...	... ...	... ...	14
Sitapur	630	51 1	... ...	... ...	... ...	31 ...	... ...	... ...	6 2	6 1	1 ...	13 ...	13 ...	... ...	... ...	... ...	3 ...	33 ...	... ...	217 5	... ...	... ...	... ...	... ...	... ...	10
Hardoi	397	... ...	... ...	2 ...	... ...	156 1	... ...	... ...	... ...	1 1	6 ...	20 3	11 ...	... ...	... ...	... ...	3 ...	56 ...	... ...	380 7	... ...	... ...	... ...	... ...	... ...	16
Etawah	283	... ...	... ...	... ...	... ...	48 ...	1 ...	... ...	3 ...	6 ...	4 1	19 4	... ...	... ...	... ...	... ...	4 ...	8 ...	... ...	117 8	... ...	... ...	... ...	... ...	... ...	5
Mainpuri	346	... ...	... ...	... ...	... ...	169 ...	... ...	1 ...	7 1	16 4	19 ...	34 2	21 ...	... ...	6 ...	... ...	6 ...	35 ...	... ...	390 8	... ...	... ...	... ...	... ...	... ...	15
Etah	328	35 1	... ...	... ...	... ...	281 2	4 1	... ...	3 1	6 2	21 ...	25 1	11 ...	... ...	... ...	... ...	129 ...	41 ...	... ...	715 8	... ...	... ...	... ...	... ...	... ...	32
Fatehgarh Central.	1,960	211 ...	... ...	... ...	1 1	289 ...	3 1	... ...	21 6	24 7	51 2	72 10	91 1	... ...	... ...	... ...	4 ...	133 ...	... ...	1,304 37	3 ...	1 ...	... ...	... ...	... ...	71
„ District	374	6 ...	... ...	... ...	... ...	110 ...	... ...	... ...	4 ...	5 1	10 1	45 4	10 ...	1 ...	... ...	... ...	2 ...	37 ...	... ...	326 9	... ...	1 ...	... ...	... ...	... ...	13
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	26,133	803 8	3 3	9 ...	3 2	8,218 28	159 14	259 4	176 75	423 97	838 23	2,439 146	1,432 44	2 1	24 1	5 1	549 19	2,142 3	1 ...	23,203 596	26 ...	25 ...	3 ...	... ...	3 ...	998
A																										
Shahjahanpur.	343	... ...	... ...	... ...	... ...	246 1	... ...	... ...	... 1	4 1	22 1	44 3	15 ...	... ...	3 ...	... ...	8 ...	19 ...	... ...	451 8	... ...	... ...	... ...	... ...	... ...	11
Bareilly Central.	2,258	1 ...	1 1	... ...	1 1	400 ...	... ...	... ...	11 3	37 4	34 ...	11 1	67 2	... ...	... ...	2 ...	53 2	89 ...	... ...	924 20	... ...	2 ...	... ...	... ...	...	55
„ District	892	258 5	1 ...	... ...	... ...	429 1	... ...	1 ...	21 3	41 8	69 ...	110 5	185 2	... ...	... ...	... ...	2 ...	67 ...	... ...	1,422 26	7 ...	... ...	... ...	... ...	... ...	44

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Budaon	370	...	...	...	...	89	...	...	5	15	20	20	7	...	...	...	8	31	...	285	...	...	...	...	...	8
		...	...	...	...	...	...	...	1	1	...	3	...	...	...	...	...	...	...	5	...	...	...	...	...	
Aligarh	422	...	...	...	...	237	...	...	2	6	15	12	14	...	...	...	...	12	...	363	...	...	2	...	...	8
		...	...	...	...	...	...	...	1	2	1	1	...	...	...	...	...	...	...	5	...	...	...	...	...	
Bulandshahr	302	...	...	...	...	45	...	...	2	5	18	13	16	...	...	...	6	28	...	208	...	...	...	...	...	8
		...	...	...	...	...	...	...	2	1	1	...	..	..	...	...	...	...	...	6	...	...	...	...	...	
Moradabad	410	5	...	...	...	150	25	...	1	15	34	38	6	...	..	3	8	26	...	423	1	1	...	...	...	26
		...	...	...	...	1	...	...	1	4	1	4	..	...	...	...	...	...	...	14	...	...	...	...	...	
Bijnor	267	...	...	...	...	62	...	...	...	8	7	6	7	...	2	...	1	25	...	168	...	...	...	...	...	7
		...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...	...	7	...	...	...	...	...	
Dehra Dun	78	...	...	...	...	26	...	...	1	1	1	6	4	...	...	...	3	4	...	58	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Saharanpur	314	...	...	...	...	53	2	...	2	9	6	24	2	...	...	...	6	18	...	176	1	...	...	...	...	12
		...	...	...	...	...	...	...	...	1	...	5	...	...	...	...	...	...	...	7	...	...	...	...	...	
Muzaffarnagar	191	...	...	...	...	31	1	...	2	5	4	19	21	...	...	...	...	19	...	145	...	...	...	...	...	7
		...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Meerut	614	65	...	...	...	133	...	10	2	4	8	21	58	...	...	...	...	57	...	475	...	...	...	...	...	20
		...	...	...	...	1	...	...	...	1	1	...	1	...	...	...	...	...	...	8	...	...	...	...	...	
Delhi	475	...	...	...	...	657	...	...	1	15	27	28	42	1	...	...	...	67	...	888	...	...	...	...	...	13
		...	...	...	...	1	...	...	...	4	...	1	2	1	...	...	...	...	...	9	...	...	...	...	...	
Rohtak	164	...	...	...	...	48	...	...	...	2	2	7	16	1	1	...	1	23	...	159	...	...	8	...	...	4
		...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	
Hissar	214	...	...	...	...	51	...	...	1	...	2	2	9	...	...	...	4	19	...	124	...	...	10	...	...	3
		...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	4	...	...	...	...	...	
Karnal	130	...	...	...	...	16	...	...	...	8	3	7	2	...	...	...	2	7	...	72	...	...	8	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	...	...	...	...	...	
Umballa	661	...	...	...	...	160	1	...	2	10	16	127	42	...	2	...	5	76	...	580	...	...	12	...	...	18
		...	...	...	...	...	...	...	1	1	2	1	...	...	...	...	...	...	...	7	...	...	...	...	...	
B																										
Ludhiana	244	...	...	...	...	73	...	...	...	4	4	11	4	...	...	...	...	16	...	152	...	...	1	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	
Hoshiarpur	48	...	...	...	...	7	...	...	...	...	...	...	2	...	...	...	...	4	...	25	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Jullundur	227	...	...	...	...	14	...	...	2	1	5	2	1	...	...	...	...	18	...	75	2	...	1	...	...	3
		...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Ferozepore	432	...	...	...	...	19	...	13	1	3	1	4	6	...	...	...	...	8	...	90	...	...	5	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	
Amritsar	152	...	...	...	...	62	3	...	2	2	4	9	27	...	...	...	6	15	...	157	...	...	...	...	...	6
		...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Lahore Central	1,417	...	...	...	...	1,269	2	...	22	27	153	139	173	...	...	8	7	400	...	2,933	...	...	...	...	...	71
		...	...	...	...	...	...	...	14	10	2	5	2	1	...	...	...	...	...	50	...	...	...	...	...	
,, District	491	...	...	...	...	95	...	...	3	7	5	26	32	...	...	...	3	60	...	338	...	...	...	...	...	13
		...	...	...	...	...	...	...	1	2	...	1	1	...	...	...	...	...	...	9	...	...	...	...	...	
,, Female	166	...	...	...	...	66	...	...	...	1	8	16	9	...	...	...	5	11	...	162	...	...	1	...	...	4
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	3	...	...	...	..	...	
Gurdaspur	191	...	...	...	...	14	...	...	...	4	1	1	2	...	...	...	...	2	...	34	...	...	2	...	...	1
		...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Gujranwala	301	2	...	...	...	74	...	...	...	...	...	9	12	...	...	...	5	21	...	155	...	...	2	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sialkot	310	...	...	...	...	70	...	1	3	1	3	5	5	...	...	1	3	39	...	203	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	
Gujrat	135	...	...	...	...	6	2	...	...	4	1	6	...	...	...	...	10	10	...	66	...	...	1	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mung Rasul Central.	1,429	...	...	...	...	396	8	3	5	68	52	115	121	...	...	10	17	337	...	1,618	...	...	15	...	...	58
		...	...	...	...	...	1	...	2	15	2	7	1	...	...	...	1	...	...	34	...	...	...	...	...	
Jhelum	215	...	...	...	..	166	3	...	2	7	6	13	31	...	...	...	1	38	...	316	...	...	14	...	...	7
		...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	
Rawalpindi	766	...	...	...	...	792	1	23	3	5	23	136	84	..	14	4	24	186	...	1,589	1	...	10	...	...	38
		...	...	...	..	1	1	...	1	1	3	4	1	...	...	...	...	...	...	17	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA.	14,629	331	2	...	1	5,956	48	51	96	319	554	987	1,022	2	22	28	188	1,752	...	14,834	12	3	92	...	...	474
		5	1	...	1	7	4	...	30	65	14	44	16	3	...	...	3	...	...	268	...	...	...	...	...	

Jails.	Average annual strength.	1. Admissions. 2. Deaths. Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
A																										
Peshawar	493	... ...	... ...	... ...	... ...	457 2	... ...	... ...	... ...	5 2	39 2	33 1	33 ...	... ...	... ...	... ...	8 ...	87 ...	... ...	730 8	... ...	... ...	... ...	... ...	... ...	32
Kohat	104	... ...	... ...	... ...	... ...	62 ...	1 ...	... ...	... ...	... ...	1 1	7 ...	4 ...	... ...	... ...	... ...	5 ...	16 ...	... ...	116 2	... ...	... ...	3 ...	... ...	... ...	2
Bannu	162	... ...	... ...	... ...	... ...	46 ...	... ...	... ...	4 1	8 3	7 ...	13 ...	15 ...	... ...	... ...	... ...	2 ...	24 ...	... ...	174 6	... ...	... ...	3 ...	... ...	... ...	6
Shahpur	210	... ...	... ...	... ...	... ...	85 ...	... ...	... ...	... ...	3 ...	6 ...	3 ...	19 ...	... ...	... ...	... ...	4 ...	70 ...	... ...	255 1	... ...	... ...	3 ...	... ...	... ...	6
Jhang	241	... ...	... ...	... ...	... ...	137 1	1 ...	... ...	... ...	13 1	16 ...	42 ...	52 2	.. ...	... ...	.. ...	1 ...	41 ...	... ...	369 5	... ...	... ...	2 ...	... ...	... ...	7
Montgomery Central.	1,633	... ...	... ...	... ...	... ...	520 ...	... ...	... ...	16 5	23 11	56 3	48 2	109 ...	... ...	... ...	1 ...	8 ...	240 ...	... ...	1,342 26	1 ...	... ...	15 ...	... ...	... ...	43
Mooltan Central.	869	... ...	... ...	... ...	... ...	249 ...	2 1	... ...	15 8	27 8	36 1	56 8	40 ...	... ...	... ...	2 ...	38 1	184 ...	... ...	908 33	3 ...	... ...	5 ...	... ...	... ...	47
,, District	696	106 1	... ...	... ...	... ...	150 ...	... ...	... ...	3 3	18 1	18 ...	47 1	19 ...	... ...	... ...	... ...	4 ...	47 ...	... ...	633 8	... ...	... ...	1 ...	... ...	... ...	17
Dera Ismail Khan.	415	... ...	... ...	... ...	... ...	96 ...	... ...	4 ...	3 ...	16 1	7 ...	12 2	3 ...	... ...	... ...	... ...	6 ...	55 ...	... ...	268 5	... ...	... ...	24 ...	... ...	... ...	9
Dera Ghazi Khan.	365	... ...	... ...	... ...	... ...	52 ...	3 1	... ...	1 ...	1 ...	2 ...	5 ...	4 ...	... ...	... ...	1 ...	5 ...	50 ...	... ...	171 2	... ...	... ...	1 ...	... ...	1 ...	6
C																										
Shikarpur	491	... ...	... ...	... ...	... ...	56 ...	... ...	... ...	... ...	42 8	8 2	22 2	6 ...	... ...	... ...	... ...	8 ...	19 ...	... ...	214 12	... ...	... ...	... ...	... ...	.. ...	10
Sind Gang	409	8 ...	... ...	... ...	.. ...	9 ...	3 1	... ...	... ...	11 ...	26 ...	8 ...	11 ...	... ...	... ...	... ...	... ...	5 ...	... ...	207 1	... ...	... ...	... ...	... ...	... ...	7
Hyderabad Central.	1,068	... ...	... ...	... ...	... ...	22 ...	6 ...	... ...	11 3	7 3	9 2	29 2	7 ...	... ...	... ...	6 1	... ...	32 ...	... ...	215 16	... ...	... ...	2 ...	... ...	... ...	14
Kurrachee	342	... ...	... ...	1 ...	.. ...	53 ...	1 ...	... ...	4 1	4 1	32 ...	30 ...	8 1	... ...	1 ...	2 ...	4 ...	27 ...	... ...	257 3	... ...	... ...	... ...	... ...	... ...	13
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	7,498	114 1	... ...	1 ...	... ...	1,994 3	17 3	4 ...	57 21	178 39	263 11	355 18	330 3	... ...	1 ...	12 1	93 1	897 ...	... ...	5,859 128	4 ...	... ...	59 ...	... ...	1 ...	219
A																										
Rajkot	118	... ...	... ...	... ...	.. ...	26 ...	... ...	... ...	... ...	... ...	3 ...	2 ...	8 ...	... ...	... ...	... ...	... ...	13 ...	... ...	69 1	.. ...	... ...	1 ...	... ...	... ...	2
Ahmedabad Central.	1,244	... ...	... ...	1 ...	... ...	104 ...	1 1	8 ...	7 3	33 3	37 1	78 3	61 2	... ...	14 ...	... ...	12 2	63 ...	... ...	653 18	1 ...	... ...	12 ...	... ...	... ...	24
B																										
Ajmer	372	... ...	... ...	... ...	... ...	10 ...	4 1	... ...	... ...	11 2	16 ...	5 1	... ...	... ...	... ...	... ...	... ...	11 ...	... ...	88 5	... ...	... ...	6 ...	... ...	... ...	6
Muttra	284	... ...	... ...	... ...	... ...	99 ...	... ...	... ...	1 1	12 3	16 1	5 1	7 ...	... ...	... ...	... ...	8 ...	14 ...	... ...	231 7	... ...	... ...	2 ...	... ...	... ...	13
Agra Central	2,124	... ...	... ...	... ...	... ...	433 1	... ...	... ...	16 11	37 8	62 2	118 6	60 1	1 1	... ...	... ...	50 ...	152 ...	... ...	1,318 36	... ...	... ...	2 ...	... ...	... ...	86
,, District	530	24 ...	... ...	... ...	... ...	160 1	... ...	... ...	3 1	22 5	29 1	30 3	12 ...	... ...	1 ...	... ...	20 2	44 ...	... ...	408 13	... ...	... ...	2 ...	... ...	... ...	34
Jhansi	257	... ...	... ...	... ...	... ...	39 ...	... ...	... ...	... ...	13 2	7 ...	16 2	8 1	... ...	... ...	... ...	2 ...	49 ...	... ...	200 10	... ...	... ...	1 ...	... ...	... ...	10
Lalitpur	87	... ...	... ...	... ...	... ...	13 ...	... ...	... ...	... ...	5 1	3 ...	4 3	3 ...	... ...	... ...	... ...	... ...	2 ...	... ...	45 5	... ...	... ...	1 ...	... ...	... ...	2
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	5,016	24 ...	... ...	1 ...	... ...	884 2	5 2	8 ...	27 16	133 24	173 5	258 19	159 4	1 1	15 ...	... ...	92 4	348 ...	... ...	3,012 95	1 ...	... ...	27 ...	... ...	... ...	177

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

1. ADMISSIONS. 2. DEATHS.

JAILS.	Average annual strength.	Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
A																										
Damoh	61	...	...	...	...	2	...	...	...	4	...	4	1	...	3	...	...	2	...	29	...	...	7	...	...	2
		...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	3	...	...	...	...	...	
Saugor	174	...	...	...	...	32	...	...	...	5	16	14	25	...	...	...	44	43	...	381	...	4	2	...	...	15
		...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	4	...	...	...	...	...	
Jubbulpore Central.	1,125	...	...	...	...	545	2	...	4	28	11	194	89	...	5	1	19	39	...	1,186	...	1	5	...	...	26
		...	...	...	...	...	1	...	3	5	...	9	3	...	...	...	5	...	...	35	...	...	...	...	...	
Narsinghpur	115	...	...	...	...	52	...	...	...	...	8	4	30	...	...	...	7	28	...	174	...	...	...	...	...	5
		...	...	...	...	...	...	...	1	...	...	1	3	...	...	...	...	...	...	6	...	...	...	...	...	
Mandla	66	...	...	...	...	9	...	...	...	...	...	7	...	...	...	...	2	8	...	51	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Bilaspur	181	...	6	...	...	39	...	...	...	1	...	16	10	...	...	...	3	14	...	143	...	...	...	...	...	6
		...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Sambalpur	160	...	...	...	...	22	4	...	...	...	3	27	7	...	...	...	...	7	...	91	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	
Raipur Central	736	38	...	...	...	93	10	...	3	10	13	47	26	...	...	...	11	26	...	407	1	...	...	...	...	19
		5	...	...	...	...	...	...	2	4	1	1	...	...	...	...	1	...	...	32	...	...	...	...	...	
Balaghat	44	...	...	...	...	8	3	...	...	...	1	13	2	...	...	...	2	...	...	48	...	...	...	...	...	1
		...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Seoni	53	...	...	...	1	12	1	...	1	2	5	1	1	...	...	...	2	2	...	37	...	...	...	...	...	2
		...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	
Chhindwara	74	...	...	...	...	23	...	...	...	1	9	1	9	...	...	5	20	38	...	139	...	...	...	...	...	6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Hoshangabad	161	...	...	...	...	52	4	...	2	...	4	13	26	...	...	...	11	35	...	213	...	...	...	...	...	6
		...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Nimar	73	...	...	...	...	2	1	...	...	...	...	3	2	...	...	...	...	2	...	22	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Betul	81	...	...	...	...	6	1	...	...	2	2	12	...	...	...	...	1	5	...	38	...	1	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nagpur Central	808	31	...	...	4	183	...	...	2	5	11	10	26	...	...	...	1	45	...	408	...	...	...	...	...	14
		...	...	...	1	...	...	...	2	1	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	
Bhandara	85	7	...	1	...	1	...	29	...	2	...	4	2	...	1	...	2	1	...	82	...	...	...	...	...	3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	
Wardha	56	...	...	...	...	23	...	1	...	...	2	7	6	...	...	2	2	2	...	61	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	
Chanda	92	...	...	...	...	7	...	...	...	...	...	1	...	...	...	...	...	...	...	10	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Sironcha	3	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																										
Secunderabad	78	14	...	...	...	18	...	...	...	...	1	3	3	...	...	...	...	12	...	92	...	...	1	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Yeotmahl	69	1	...	...	...	4	...	...	1	...	4	...	3	...	...	...	6	5	...	73	...	...	...	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Amraoti Central	492	...	...	...	...	73	4	4	2	2	6	2	8	...	...	...	10	25	1	184	...	...	...	...	...	4
		...	...	...	...	1	1	...	2	1	...	...	...	...	...	...	2	...	1	8	...	...	...	...	...	
Ellichpur	52	...	...	...	...	13	...	...	...	...	2	3	...	...	...	...	...	3	...	26	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Akola Central	565	21	...	...	...	27	1	3	...	4	12	20	9	...	...	9	8	6	...	186	...	...	2	...	...	8
		...	...	...	...	...	...	...	...	1	1	1	1	...	...	2	1	...	...	9	...	...	...	...	...	
Basim	96	...	...	...	...	8	...	...	...	4	6	...	1	...	...	...	...	7	...	44	...	...	...	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Buldana	74	...	...	...	...	4	...	5	...	...	...	1	...	...	...	...	3	3	...	29	...	...	1	...	...	1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dhulia	410	...	...	...	...	51	...	...	...	2	...	31	4	...	4	...	1	29	...	163	...	...	7	...	...	8
		...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	5	...	...	...	...	...	
Yerrowda Central.	1,889	...	...	...	1	483	5	2	2	15	70	32	49	...	...	2	27	314	...	1,865	...	...	37	...	...	92
		...	...	...	1	1	...	...	2	6	1	1	...	...	...	...	...	...	...	17	...	...	...	...	...	
Bijapur	376	...	...	...	...	53	...	...	...	5	7	14	5	...	...	1	2	28	...	183	...	...	15	...	...	5
		...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	5	...	...	...	...	...	
Deccan Gang	336	...	...	...	...	129	...	...	...	7	12	35	53	...	...	2	10	39	...	414	3	...	17	...	...	13
		...	...	...	...	...	...	...	...	2	...	3	2	...	...	...	...	...	...	9	...	...	...	...	...	
Dharwar	487	...	12	...	...	26	...	...	...	11	4	15	6	...	...	...	3	5	...	114	...	...	4	...	...	3
		...	7	...	...	...	...	...	...	3	2	2	2	...	...	...	3	...	...	22	...	...	...	...	...	
GROUP IX.—DECCAN	9,072	112	18	1	6	2,002	36	44	17	110	209	534	403	...	13	22	197	773	1	6,898	4	6	98	...	...	254
		5	8	...	3	2	3	...	13	27	6	26	14	...	2	2	14	...	1	179	...	...	...	...	...	

Jails.	Average annual strength.	1. Admissions. 2. Deaths.																								Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	
Thana	824	...	1	...	...	145	35	...	13	11	31	69	60	...	...	15	11	24	...	599	...	...	30	...	...	36
		...	1	...	...	...	8	...	9	6	6	7	6	...	...	7	...	...	...	59	...	...	...	...	...	
Bombay Common.	375	...	...	...	...	19	5	...	3	3	1	8	10	...	...	...	6	2	...	316	...	...	2	...	...	7
		...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	45	...	...	...	...	...	
,, House of Correction.	291	...	...	...	...	54	...	...	12	4	8	14	18	...	...	...	8	6	...	154	...	...	...	...	...	7
		...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	1	...	...	6	...	...	...	...	...	
Ratnagiri	144	...	...	...	...	14	...	1	...	...	5	5	...	...	...	5	1	2	...	62	...	1	2	...	...	5
		...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Karwar	146	...	...	...	...	1	...	...	1	1	2	8	3	...	...	...	...	4	...	27	...	...	3	...	...	2
		...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	
Mangalore	152	...	...	...	5	3	...	2	1	1	4	30	...	...	...	...	...	2	...	88	...	3	...	...	...	4
		...	...	...	1	...	...	...	...	...		...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Cannanore Central.	675	...	...	...	...	67	...	...	2	1	17	13	...	...	...	...	6	20	...	283	...	...	...	...	...	19
		...	...	...	...	3	...	...	2	...	2	...	...	...	...	...	1	...	...	11	...	...	...	...	...	
GROUP X.—WESTERN COAST.	2,607	...	1	...	5	303	40	3	32	21	68	147	91	...	...	20	32	60	...	1,529	...	4	37	...	...	80
		...	1	...	1	3	9	...	17	6	9	8	7	...	...	7	3	...	...	125	...	...	...	...	...	
A																										
Bellary	358	...	...	...	...	58	1	36	7	3	19	46	...	...	...	...	...	16	...	316	...	...	25	...	...	13
		...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Salem Central	579	...	2	...	...	17	...	3	3	3	5	22	...	1	...	...	...	8	1	109	...	...	17	...	...	7
		...	1	...	...	2	...	...	...	...	...	3	...	1	...	...	...	...	...	8	...	...	...	...	...	
Coimbatore Central.	1,053	...	...	...	...	47	...	22	15	6	22	29	13	...	2	...	1	5	...	339	...	...	29	...	...	21
		...	...	...	...	...	...	...	4	1	1	...	...	...	...	...	1	...	...	17	...	...	...	...	...	
B																										
Palamcottah	497	...	...	...	...	1	1	41	1	2	3	43	...	...	...	...	3	23	...	232	...	...	3	...	...	8
		...	...	...	...	...	...	...	...	1	1	3	...	...	...	...	1	...	...	7	...	...	...	...	...	
Madura	348	...	...	...	...	31	...	6	4	...	7	32	...	...	...	...	2	3	...	142	...	...	2	...	...	7
		...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	1	...	...	10	...	...	...	...	...	
Trichinopoly Central.	928	...	...	...	...	65	...	60	21	1	22	17	10	...	...	...	2	60	...	430	...	...	24	...	...	19
		...	...	...	...	...	...	...	7	1	1	5	...	...	...	...	1	...	...	29	...	...	1	...	...	
Tanjore	359	...	...	...	...	7	...	4	...	1	2	3	...	...	...	...	...	3	...	55	...	1	2	...	...	4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	
Cuddalore	322	...	...	...	...	7	...	19	1	...	4	29	...	...	...	...	1	23	...	182	...	...	5	...	...	7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Vellore Central	1,126	...	...	...	1	52	...	99	7	8	37	53	3	...	...	...	4	60	...	553	...	...	7	...	...	20
		...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	
Madras Debtors' (natives)	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Madras Penitentiary, Central, (natives).	899	...	1	...	...	109	...	143	16	12	87	34	...	...	...	...	2	77	...	824	...	2	15	...	1	27
		...	1	...	...	...	...	...	6	4	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	
Madras Penitentiary, Central, (Europeans)	10	...	...	...	...	4	...	4	...	...	3	...	...	...	...	...	...	...	...	12	...	...	...	...	...	1
		...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
Madras Debtors' (Europeans).	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Nellore	168	...	...	...	...	5	...	7	1	...	4	4	1	...	...	...	...	12	...	69	...	...	9	...	...	3
		...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	
Guntur	216	...	...	...	...	5	...	25	...	1	3	6	...	...	...	...	...	8	...	86	...	...	6	...	...	2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
C																										
Rajamundry Central.	490	...	...	...	...	180	...	...	7	3	18	35	...	...	...	...	2	28	...	392	...	2	2	2	...	13
		...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	
Vizagapatam	362	...	...	...	...	17	...	16	4	11	10	12	...	...	...	1	2	10	...	122	...	...	...	...	...	10
		...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	
Berhampur	139	...	...	...	1	26	...	10	4	...	5	10	...	...	...	...	...	18	...	159	...	...	...	...	2	5
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	
GROUP XI.—SOUTHERN INDIA.	7,881	...	3	...	2	631	2	495	91	51	251	375	27	1	2	1	19	354	1	4,022	...	5	146	2	3	167
		...	2	...	2	7	...	...	20	10	4	14	...	1	...	...	5	...	...	126	...	...	1	...	...	

TABLE XLIII—*continued.*

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

Jails and Administrations.	Average annual strength.	1. Admissions. 2. Deaths.																								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer and Boil.	Phagedæna, Slough, and Gangrene.	All Causes.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.	Average number constantly sick.
Shillong	43	24 ...	... ...	... ...	... ...	48 ...	... ...	... ...	... ...	... ...	4 1	6 ...	15 ...	... ...	... ...	... ...	1 ...	7 ...	... ...	149 1	.. ...	1 ...	... ...	... ...	... ...	3
Darjeeling	89	... ...	... ...	... ...	... ...	26 ...	... ...	... ...	... ...	... ...	2 ...	26 ...	5 ...	... ...	... ...	... ...	... ...	3 ...	... ...	78 ...	... ...	... ...	... ...	... ...	... ...	2
Almora	77	... ...	... ...	... ...	.. ...	13 ...	... ...	... ...	... ...	... ...	1 ...	3 ...	7 ...	... ...	... ...	... ...	2 ...	2 ...	... ...	38 ...	... ...	... ...	... ...	... ...	... ...	3
Pauri	13	... ...	... ...	... ...	... ...	21 ...	1 1	... ...	... ...	... ...	... ...	16 ...	3 ...	... ...	... ...	... ...	... ...	... ...	... ...	48 1	... ...	... ...	... ...	... ...	... ...	2
Simla	15	... ...	... ...	... ...	... ...	8 ...	... ...	... ...	... ...	... ...	1 ...	1 ...	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	14 ...	... ...	... ...	... ...	... ...	... ...	...
Dharmsala	67	... ...	... ...	... ...	... ...	14 ...	... ...	... ...	... ...	1 ...	... ...	6 ...	10 ...	... ...	... ...	... ...	... ...	4 ...	... ...	50 ...	... ...	... ...	... ...	... ...	... ...	2
Abbottabad	74	... ...	... ...	... ...	... ...	21 ...	... ...	... ...	... ...	1 ...	... ...	3 ...	6 ...	... ...	... ...	... ...	... ...	4 ...	... ...	53 ...	... ...	... ...	... ...	... ...	... ...	2
Quetta	76	... ...	... ...	... ...	... ...	35 ...	... ...	8 ...	... ...	4 ...	4 ...	1 ...	1 ...	... ...	... ...	... ...	... ...	14 ...	... ...	92 1	... ...	... ...	... ...	... ...	... ...	2
Mercara	110	... ...	... ...	... ...	... ...	11 ...	3 2	... ...	1 ...	8 2	5 ...	11 1	23 5	... ...	... ...	... ...	6 3	8 ...	... ...	90 14	... ...	4 ...	... ...	... ...	... ...	3
Russellkonda	98	... ...	... ...	... ...	... ...	6 1	... ...	4 ...	1 ...	1 ...	3 ...	4 ...	... ...	... ...	... ...	... ...	... ...	3 ...	... ...	29 4	... ...	... ...	... ...	... ...	... ...	2
GROUP XII.—HILLS.	662	24 ...	... ...	... ...	... ...	203 1	4 3	12 ...	2 ...	15 2	20 1	77 1	70 5	... ...	... ...	... ...	9 3	47 ...	... ...	641 21	... ...	5 ...	... ...	... ...	... ...	21
EXTRA INDIA.—Aden	31	... ...	... ...	... ...	... ...	... ...	... ...	2 ...	... ...	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	3 ...	... ...	... ...	... ...	... ...	... ...	...
INDIA†(a) *Remaining from 1898 Admitted Died Died out of hospital	110,016	4 1,622 20 ...	... 101 62 1	6 22 5 ...	1 21 12 ...	729 37,776 83 ...	23 734 90 2	27 2,263 4 ...	122 886 391 ...	138 1,585 367 ...	270 3,729 106 ...	364 10,793 602 ...	141 5,526 144 ...	1 15 13 ...	6 112 3 ...	6 117 13 ...	161 1,788 104 ...	346 8,763 4 ...	... 9 1 ...	3,412 101,049 2,626 61	1 68	... 60	7 468 1 ...	... 6	... 9	3,805
ANDAMANS	11,293	... ...	... ...	... ...	... ...	13,534 4	237 36	6 ...	116 86	67 29	769 15	1,855 176	432 31	2 1	18 ...	5 1	348 33	1,048 ...	6 ...	21,873 477	... ...	... ...	1 ...	... ...	1 ...	646
BURMA	12,548	44 ...	42 25	10 5	4 3	1,388 3	58 1	296 ...	119 41	91 23	179 1	944 58	466 5	4 3	3 ...	8 ...	99 7	929 1	... ...	7,323 235	16 ...	10 ...	1 ...	... ...	... ...	332
ASSAM	1,323	32 ...	26 18	... ...	... ...	424 9	11 6	1 ...	5 2	11 4	45 4	235 8	127 6	... ...	1 ...	3 1	33 2	58 ...	... ...	1,273 73	... ...	1 ...	2 ...	4 ...	... ...	63
BENGAL	18,118	321 4	7 5	1 ...	1 1	5,206 26	157 12	1,273 3	196 80	244 54	653 18	3,976 112	1,615 18	4 4	14 ...	15 ...	175 14	713 1	... ...	18,188 431	15 ...	18 ...	2 ...	... ...	1 ...	634
N.-W.-PROVINCES AND OUDH	29,303	997 10	4 3	8 ...	3 2	8,004 22	148 12	79 1	197 85	584 130	906 28	1,598 157	1,306 42	2 1	29 1	8 1	681 19	2,452 2	1 ...	23,207 652	25 ...	12 ...	13 ...	... ...	3 ...	1,105
PUNJAB	13,512	108 1	... ...	... ...	... ...	5,952 6	27 6	44 ...	89 40	285 65	505 16	939 34	934 13	2 3	17 ...	27 ...	174 2	2,181 ...	... ...	14,819 253	7 ...	... ...	147 ...	... ...	1 ...	441
BOMBAY	8,981	8 ...	13 8	2 ...	1 1	1,245 1	56 11	13 ...	53 24	156 34	256 15	400 22	309 16	... ...	19 ...	33 8	93 8	612 ...	... ...	5,515 222	4 ...	1 ...	132 ...	... ...	... ...	248
BERAR AND SECUNDERABAD.	1,426	36 ...	... ...	... ...	... ...	147 1	5 1	12 ...	3 2	10 2	31 1	29 2	24 1	... ...	... ...	9 2	27 3	61 ...	1 1	634 19	... ...	... ...	4 ...	... ...	... ...	18
CENTRAL PROVINCES.	4,148	76 5	6 1	1 ...	5 2	1,113 ...	26 2	30 ...	12 9	60 12	85 2	378 17	262 7	... ...	9 2	8 ...	127 7	297 ...	... ...	3,525 102	1 ...	6 ...	14 ...	... ...	... ...	115
MADRAS.	8,806	... ...	3 2	... ...	7 3	707 11	2 ...	501 ...	95 22	54 10	275 6	422 14	27 ...	1 1	2 ...	1 ...	25 6	379 ...	1 ...	4,422 142	... ...	8 ...	146 ...	2 ...	3 ...	192
NON-BRITISH JAILS:—																										
Sadra	55	... ...	... ...	... ...	... ...	10 ...	1 1	... ...	... ...	1 ...	2 ...	... ...	3 ...	... ...	... ...	1 ...	... ...	3 ...	... ...	26 1	... ...	... ...	... ...	... ...	... ...	1
Kolhapur	280	... ...	... ...	... ...	... ...	11 ...	... ...	77 ...	... 1	14 ...	25 1	15 ...	13 ...	... ...	... ...	8 ...	9 ...	21 ...	... ...	301 7	... ...	... ...	32 ...	... ...	... ...	10
Savantvadi	42	... ...	... ...	... ...	... ...	2 ...	1 ...	... ...	... ...	... ...	... ...	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	10 ...	... ...	... ...	... ...	... ...	... ...	...

* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.

† Including Ajmer, Quetta, and Mercara.

(*a*) Including the subsidiary jails, the total figures are :—

Average strength.	Average constantly sick.	Number of deaths.	Number of admissions.
115,421	3,909	2,746	106,428

1. Average strength. 2. Constantly sick.

Geographical Groups.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
Group I.—Burma Coast and Bay Islands.	18,856	18,861	18,863	19,087	19,438	19,477	19,520	19,434	19,503	19,673	19,822	19,966	19,379
	776	779	804	850	964	1,104	1,051	918	904	878	853	817	892
Group II.—Burma Inland . .	4,334	4,365	4,365	4,447	4,504	4,547	4,545	4,511	4,451	4,452	4,489	4,525	4,462
	65	61	72	78	97	109	106	99	88	91	84	85	86
Group III.—Assam . . .	1,182	1,211	1,202	1,218	1,248	1,284	1,343	1,395	1,417	1,360	1,291	1,217	1,280
	42	51	49	54	60	67	72	73	76	67	56	39	60
Group IV.—Bengal and Orissa .	11,258	11,172	11,116	11,215	11,341	11,566	11,636	11,667	11,623	11,344	11,168	11,220	11,366
	358	357	353	327	335	356	383	399	405	404	444	408	377
Group V.—Gangetic Plain and Chutia Nagpur.	25,692	25,639	25,967	26,162	26,048	26,026	25,824	25,844	26,271	26,557	26,762	26,786	26,133
	1,034	942	982	1,043	967	951	1,001	1,136	1,083	1,017	945	895	998
Group VI.—Upper Sub-Himalaya .	13,564	13,783	13,926	14,281	14,243	14,576	14,871	14,925	15,107	15,308	15,367	15,533	14,629
	436	393	395	393	422	413	459	519	558	562	572	541	474
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	7,324	7,205	7,274	7,144	7,320	7,381	7,377	7,639	7,813	7,925	7,840	7,722	7,498
	256	283	218	189	180	174	251	258	198	209	219	184	219
Group VIII.—S.-E. Rajputana, Central India, and Gujarat.	4,847	4,688	4,739	4,707	4,744	4,827	4,879	4,990	5,159	5,394	5,555	5,653	5,016
	214	189	171	186	172	169	170	181	176	172	164	165	177
Group IX.—Deccan . . .	8,983	8,998	8,722	8,719	8,542	8,640	8,656	8,680	8,852	9,651	10,109	10,295	9,072
	283	265	254	239	215	221	275	277	269	278	252	204	254
Group X.—Western Coast . .	2,804	2,752	2,717	2,600	2,561	2,636	2,660	2,578	2,592	2,465	2,420	2,525	2,607
	67	68	66	61	67	69	80	80	85	99	114	97	80
Group XI.—Southern India . .	8,023	7,811	7,554	7,405	7,346	7,374	7,887	7,964	8,204	8,293	8,260	8,429	7,881
	193	182	176	142	151	165	157	150	159	161	172	183	167
Group XII.—Hills. . . .	661	670	639	597	627	671	690	702	707	693	670	630	662
	19	22	17	17	18	19	23	24	20	19	20	21	21
INDIA *	107,561	107,183	107,114	107,620	108,002	109,044	109,920	110,357	111,727	113,138	113,781	114,528	110,016
	3,743	3,592	3,557	3,579	3,648	3,817	4,028	4,114	4,021	3,957	3,895	3,639	3,805

1. Average strength. 2. Constantly sick.

Administrations.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.
Andamans	11,130	11,193	11,153	11,235	11,439	11,344	11,291	11,276	11,291	11,317	11,386	11,452	11,293
	534	552	584	641	729	831	775	639	625	631	627	581	646
Burma	12,060	12,033	12,075	12,299	12,503	12,680	12,774	12,669	12,663	12,808	12,925	13,039	12,548
	307	288	292	287	332	382	382	378	367	338	310	321	332
Assam	1,222	1,252	1,239	1,258	1,239	1,327	1,391	1,448	1,468	1,402	1,331	1,255	1,323
	45	54	53	58	63	71	76	77	79	68	58	39	63
Bengal	17,740	17,686	17,729	17,806	17,883	18,165	18,256	18,315	18,481	18,381	18,379	18,499	18,118
	558	560	573	558	551	577	653	752	738	717	726	648	634
N.-W. P. and Oudh . . .	28,964	28,693	29,041	29,368	29,324	29,389	29,140	29,223	29,541	29,719	29,659	29,580	29,303
	1,247	1,111	1,124	1,171	1,086	1,049	1,071	1,161	1,151	1,084	1,039	1,018	1,105
Punjab	12,607	12,728	12,760	12,904	13,007	13,290	13,606	13,832	14,108	14,385	14,377	14,471	13,512
	414	420	352	340	382	385	487	533	473	504	491	454	441
Bombay	8,751	8,627	8,655	8,558	8,631	8,697	8,768	8,937	9,147	9,386	9,649	9,975	8,981
	268	262	242	235	212	205	228	232	243	283	308	249	248
Berar and Secunderabad . .	1,415	1,384	1,375	1,337	1,287	1,268	1,268	1,233	1,248	1,528	1,846	1,912	1,426
	16	15	21	10	15	20	16	18	16	14	25	23	18
Central Provinces . . .	4,141	4,255	4,047	4,038	3,932	4,103	4,048	4,010	4,107	4,393	4,389	4,312	4,148
	124	107	107	105	90	98	150	143	133	122	101	87	115
Madras	9,081	8,853	8,529	8,338	8,248	8,296	8,874	8,378	9,105	9,143	9,056	9,264	8,806
	219	212	199	164	181	189	180	172	186	185	196	203	192
INDIA †	107,561	107,183	107,114	107,620	108,002	109,044	109,920	110,357	111,727	113,138	113,781	114,528	110,016
	3,743	3,592	3,557	3,579	3,648	3,817	4,028	4,114	4,021	3,957	3,895	3,639	3,805

* Including Aden.

† Including Ajmer, Quetta, and Mercara.

TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS.

The ratios of sickness and mortality will be found in Table XLII.

JAILS.	PROVINCES.	Sanitary defects, improvements, suggestions, etc.
Port Blair	Andamans	Considerable failure of the rains—only 87 inches, compared with the average of 127 inches. Practically no rain from October 1898 till April 1899. Water-supply from tanks and wells, and of fair quality; but scanty supply in early part of year. Convict population increased over past five years. There is a Plague Segregation Camp for 350 convicts ready at Shore Point, and a hospital hulk is also kept ready. Dry earth conservancy is in force, and the drainage generally is good. The labour at forest cutting among maritime swamps, and brick-making at Dundas Point, is severe, and men suffer much from fever who work in these places. The Sanitary Medical Officer recommends issue of quinine and careful selection of men for these necessary works. Rosselle is now much used as an anti-scorbutic, and is preferred to tamarind by convicts from Northern India. The water-supply is usually plentiful, and all labouring convicts are supplied with boiled drinking water (Larymore's boilers). Owing to the drought, much difficulty was felt in getting sufficient water. When empty by drought, all tanks and wells were thoroughly cleaned out. The general health was not so good this year—40 per mille, compared with an average of about 25. The sickness was general and affected European and Native Troops, and the police, as well as the convicts. There was an increase under all heads of disease, especially fevers, dysentery, anæmia, and respiratory affections. This is traced to the great heat and vicissitudes of climate owing to prolonged drought. The malarial fevers, though numerous, were mild in type. Chronic dysentery cases especially succumbed. The Sanitary Medical Officer believes that tubercle of the lungs is increasing in these islands; it is usually here a very fatal and rapid disease. A great improvement as regards scurvy is noted, attributed to the improved vegetable supply. The Sanitary Medical Officer states that owing to the failure of the rains the islands were not flushed and scoured out as usual. A large invalid gang of convicts disabled by disease or injury is kept up. Many of these old and chronic cases died during the year. A convalescent gang is also kept up, consisting of convicts temporarily unfit for hard labour; they get extra diet, milk, etc. The females were also unhealthy, from malarial fevers and anæmia. They are dieted and treated in a liberal manner. There has been no epidemic in the islands. A large number of minor recommendations were made by the Sanitary Medical Officer, which were expeditiously carried out.
Mergui	Burma	This is a very small jail. No sanitary defects are noted in the report. The water-supply was reported by the Chemical Examiner to be of good quality. The jail is badly situated in a crowded part of the town, but is to be shortly removed from this site. The cases of dysentery were admitted in bad health, and from malarious places. One case of cholera said to have been due to eating decomposed fish.
Moulmein	"	A large district jail. No overcrowding. This jail also appears in this place in last year's report. It is badly situated; the work-yards very damp, from high level of subsoil water. The work-sheds are always hot and stuffy. As in the previous year, the chief mortality is from tuberculosis and dysentery. Cholera (source not traced) also attacked the jail. Covered ways are now in use from barracks to work-sheds, to prevent convicts getting wet in heavy rains. The dysentery is of a bad and very relapsing type, and especially affects Karens and other hill people. The jail is radically defective, and good health cannot be expected as long as this jail exists.
Monywa	"	A small jail. No overcrowding. No sanitary defects noted. The general health was good, except for an outbreak of cholera in the first half of June. Source not traced, but cholera prevailed in the Karen battalion, and in the police quartered just outside the jail.
Bhamo	"	A small jail. Overcrowding for a few days only in August and September. No sanitary defects noted. The sickness is put down by the medical officer to indifferent and bad health of the prisoners before admission to the jail. Ventilation of hospital improved.
Kindat	"	A small jail. No overcrowding. No sanitary defects noted. Water-supply good. The sickness and mortality of the prisoners is attributed to the use by them of a plant and its seeds (name not given). This produced diarrhœa and dysentery (with ulceration of colon and rectum). Since the plant has been removed from the jail grounds, the sickness has stopped.
Dibrugarh	Assam	A small jail. No overcrowding. No sanitary defects noted, except an old tank to the east of the jail. Chief diseases—ague, diarrhœa, and dysentery. A large proportion of prisoners admitted to jail in an unhealthy and anæmic condition. A Larymore boiler was provided in March.

JAILS.	PROVINCES.	Sanitary defects, improvements, suggestions, etc.
Gauhati	Assam	No overcrowding. Masonry drains sanctioned, but funds not provided. Water-supply good, but deficient in quantity. Larger water-pipe from municipal water-works asked for. Surroundings very unsatisfactory. Large foul tank (for garden) has been fenced in to prevent use of water for drinking; so also tank in front fenced in. The main cause of mortality was cholera (18 cases), from drinking water of front tank above mentioned. Dysentery and fever also prevalent. Of eight last cases of death, seven came to jail in bad or indifferent health. Iron cots are being substituted for wooden ones in the hospital. Ventilation of under-trial ward is to be improved; a separate ward for diarrhœa and dysentery provided; and a Larymore boiler set up.
Dhubri	,,	A very small jail: only accommodation for twenty prisoners; and there was much overcrowding throughout the year. Tents were pitched to relieve the overcrowding. No other sanitary defects are reported, but the vegetables are noted as having been of indifferent quality.
Sylhet	,,	This is a large jail for Assam, and overcrowding lasted throughout the year. The present buildings are only temporary, the jail having been destroyed by the earthquake of 1897. Permanent buildings are being built. The *open* work-sheds could not be used to relieve overcrowding. Ventilation good. Drainage still defective, but estimates for improving the drains have been made out. The prisoners' mouths are looked after, and wooden tooth-sticks and charcoal tooth-powder are used by all. Diet good. Vegetables often destroyed by floods. Water is boiled, as analysis by Chemical Examiner was not satisfactory. The site of the jail is *not* satisfactory, close to a large bazaar. Thirty-two deaths during the year. Fever said to be very prevalent in Sylhet since the earthquake. Dysentery prevalent; probable causes—(1) bad health on admission; (2) overcrowding; (3) drinking water in the heat; (4) depression. Eleven cases liberated on account of sickness. Many improvements effected in drainage and ventilation. Punkhas for sick, a flower garden in hospital, a covered shed to eat food in, new rice godown, planting of lime trees, etc., etc. Till the permanent buildings are finished, there is little hope of improved health in this jail.
Barisal	Bengal	Actual overcrowding relieved by use of temporary sheds. Ventilation of certain worksheds bad. Superintendent recommends demolition of the garden wall to increase ventilation. Jail drains need repair. The diet is satisfactory and personally supervised by Superintendent. Water-supply from a reserve tank, and reported good. Drainage incomplete, ground always damp. Air of workshops very close and stuffy. Dysentery the most fatal disease, said to be prevalent in the district. A vegetable called "*chal koomrahs*" very indigestible and tough—issue stopped by medical officer. Recommendations sent in for dismantling partition walls, improving cook-house, and drains, use of cage latrines, workshed for females.
Hooghly	,,	No overcrowding, but wards full up. Buildings very old, and in rains walls very damp. Roof ventilation improved. Some drains utterly out of repair. Plenty of bathing water from river. Oil for inunction still issued. Diet good. Fish twice a week issued. Water purified, and supplied from hydrants. New filter erected. Pasteur filter recommended. Surroundings not satisfactory, main drain of town a few yards from jail wall; densely populated bazaar close to jail. Dysentery 223 admissions, mostly said to be chronic cases, contracted outside. Suspended matter in water may have acted as an irritant. Diarrhœa chiefly in weak old men. Malarial fever 83 admissions. A Pasteur filter, Larymore boiler, and improvement of drains, recommended.
Faridpur	,,	Overcrowding in all parts for 13 days, in female wards for 102 days. Temporary shed was blown down by a storm. Ridge ventilation needed in many wards, and wooden shutters to windows. Outside drain not level: water cannot run off. New iron latrines replaced the old latrine which was too near the cook-house. Water pumped from a tank in the compound, filtered, and boiled. Surroundings clean. At present there is a severe epidemic of fever and dysentery in the district. Ten deaths from dysentery in jail. Bowel complaint cases segregated. Inspection-sheds got ready in garden.
Pabna	,,	Overcrowding for only three days. Outside drains need repair and alteration. No defects noted. Malarial fever "raged in the district with virulence," and also in the town. The sickness and mortality are attributed to malaria and its sequelæ. New latrine erected. No defects noted in water or dietary.

TABLE XLIV—*continued.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS.

The ratios of sickness and mortality will be found in Table XLII.

Jails.	Provinces.	Sanitary defects, mprovements, suggestions, etc.
Rangpur	Bengal	Overcrowding from January to March, owing to buildings being rebuilt (after earthquake). Again in autumn, owing to increased population. The Superintendent's office was used as a ward at night. Ventilation improved in certain wards. Drainage always bad in the rainy season. Vegetables scanty at times. Meat, fish, or *dahi* issued to all twice a week. The Pasteur filter broke down, but was repaired. Surroundings fair. Eighty-two per cent. of the prisoners admitted during the year had enlarged spleen. Malaria is very bad in the district, and for the past three years dysentery has prevailed in the town in an almost epidemic form. Floors of certain wards cemented. Ventilation of old buildings improved. Most of the prisoners admitted to jail were in bad or indifferent health.
Purneah	"	Slight overcrowding for a few days at a time at intervals during the year. Ventilation of wards and hospital not satisfactory. No other defects noted. Heavy rainfall in district (91 in.). Much malarial fever and bowel complaints in jail. Also 3 deaths from tubercle of the lungs. Many prisoners admitted in bad health, especially from dysentery and malaria. Seventy-five iron cots substituted for earth-beds. Improvements in the female ward, and free top ventilation in all the wards suggested.
Suri	"	No overcrowding, but all the wards full. No day latrine in the female ward (? enclosure). Dietary satisfactory. Water-supply from wells, which often dry up in hot weather. One imported case of cholera, fatal. All fatal cases of dysentery had a history of previous attacks. One cage latrine supplied. New general cooking range. Inspector General of Jails ordered wards to be remeasured, and capacity again calculated.
Chaibassa	"	Much overcrowding for 11 months of year. Worksheds and godowns used for prisoners at night. No sanitary defects noted. Influenza prevailed in February and March. Two cases of pneumonia were admitted ill from outside and in a few days 3 others were attacked by the same disease. All were segregated, and only two other cases occurred in the next month. Dysentery and 'fever' less than in the previous year. New ablution platform erected. Floor of inside cowshed needs stone paving.
Durbhanga	"	Overcrowding for more than three months. The excess men were housed in verandah of No. 2 barrack. Outside drains bad. Many of the bowel complaint cases were old feeble men, 9 out of 12 fatal cases having been admitted in bad health. A cell or ward for sick females is needed. Water always boiled for drinking.
Buxar Central	"	Overcrowding for 18 days in October, the excess men being housed in verandahs. The hospital badly requires roof ventilation and a verandah at back. It is a very hot building. As for the past few years, malaria was very prevalent in the jail and town (due to dampness from high level of the subsoil water); and the heavy rainfall this year intensified it. Meat and extra condiments issued during the year. New water work scheme, (boiling, filtering, and cooling), brought into use, and two new double-storied barracks completed. Ventilated flooring continued in 2 more barracks. Iron beds in upper stories and arched beds in lower stories of new barracks. Night latrine in hospital.
Ghazipur	N.-W. P. and Oudh .	Overcrowding only for a short period. The ventilation of the barracks in the inner circle is defective. One well is strictly set apart for drinking water, all of which is boiled in a Larymore boiler. There is an objectionable tank within the jail enclosure. Malarial disease was of a more severe type than in the previous year, 80 out of 91 being "remittent." These fevers and the bowel complaints were most common in the autumn. The big tank inside is being filled up. The high mortality is attributed to the number of feeble prisoners received into jail.
Azamgarh	"	Overcrowding for several days. The excess prisoners slept in a corridor. The hospital is too small, and wards have to be used for sick. Ventilation of barracks not good in hot weather. Drainage not sufficient for rainy season. Soil becomes waterlogged, and wards are dark and damp. "A tendency to vermin" in prisoners' clothing. Dietary good, except that good milk is not procurable for the hospital. Cases of heat apoplexy and pneumonia attributed to great heat and work in mill-shed. Water was suspected to have a causal connexion with the dysentery. Site of jail is bad, lowlying, and the surrounding soil is waterlogged and liable to flooding. Hence in the autumn malarial fevers prevail. Mosquitoes were noted then also, though chill caused most of the fever in those previously affected by malaria. Many dysentery cases had had the disease before admission to jail. Cold and damp predisposed to pneumonia and bronchitis. Barracks cold and draughty in cold weather. Owing to heat in May and June, labour was not allowed in millhouse. The wells were cleaned out, and

JAILS.	PROVINCES.	Sanitary defects, improvements, suggestions, etc.
Azamgarh—*contd.*	N.-W. P. and Oudh	permanganate of potash was used. The hospital is very small: only 14 beds for nearly 400 prisoners. There is no jail dairy. The buildings are old bombproof structures, and not suitable. The site of the jail is too lowlying. Vegetables plentiful. No scurvy. A lot of prisoners in very bad health admitted during the year.
Fyzabad	,,	No overcrowding. No defects noted. Sickness attributed to "climatic causes," but the mortality was chiefly due to dysentery; and there was one death from scurvy. No note made as to diet, cooking, water, etc.
Benares District	,,	No overcrowding. No sanitary defects noted. Sickness put down to "climatic causes." Night latrines were constructed in all barracks.
Mirzapur	,,	Overcrowding only for a few days. For three months, February to May, all prisoners lived in camp, owing to an outbreak of cerebro-spinal fever. Numbers in some old barracks reduced to half capacity, owing to defective ventilation. Diet good. All drinking water boiled. Site and surroundings of jail not good. There was an epidemic of pneumonia (26 cases), and of cerebro-spinal fever 12 cases, 8 deaths). All the prisoners were sent to Fort Chunar, and the jail evacuated for six months. The capacity of the jail has been reduced from 352 to 236. The site and construction of the jail are radically defective.
Banda	,,	Overcrowding for a few days. Ventilation said to be satisfactory. Some outside drains bad. A Larymore boiler erected. Respiratory diseases common; also dysentery and diarrhœa. Walls of barracks Nos. 3 and 4 raised and re-roofed.
Fatehpur	,,	No overcrowding. Drainage bad: water backs into jail during heavy rain. No other sanitary defects noted. Many deaths from malarial cachexia. Health of prisoners on admission was not good.
Hamirpur	,,	No overcrowding. No sanitary defects noted. Most of the prisoners were admitted in bad health, with enlarged spleen. Of 4 men that died, 3 came direct to hospital, and one had chronic bronchitis on admission to jail.
Orai	,,	Overcrowding in November and December. No sanitary defects noted. Malarial fevers prevailed.
Cawnpore	,,	Overcrowding at intervals throughout the year. A large proportion of prisoners were sent direct to hospital, on coming to jail, in bad or very bad health. Sickness attributed to causes outside the jail. There was an outbreak of influenza. Municipal water-supply to the jail is expected in 1900.
Gonda	,,	Overcrowding at times: corridor of cells used for prisoners. The drainage scheme is being improved. No other sanitary defects noted. Small rainfall, therefore less malarial fevers. Seven deaths from pneumonia,—4 came to jail in bad health,—said to be due to chills. No evidence of spreading to other cases. Dysentery cases isolated, and treated practically in open air: two of them got pneumonia. A Larymore boiler put up, and new hospital cookhouse.
Bahraich	,,	Slight overcrowding for a few days. No sanitary defects noted. The district is near the Nepal *terai;* consequently malaria and dysentery are rife. Low death-rate; but large number of admissions from fever.
Etah	,,	Overcrowding throughout almost the whole year, especially in the under-trial and female wards. Drainage defective outside the jail. Bad health of new admissions noted. New officials' quarters built.
Moradabad	,,	Overcrowding for 100 days, especially of under-trials. Short-term prisoners slept in factory. Ventilation of under-trial ward defective. Water from a large well, and good. Swarms of flies from neighbouring bazaar infest the jail. District malarious, near *terai.* One hundred and twenty prisoners admitted with spongy or ulcerated gums. Tooth-sticks regularly used. Dysentery and pneumonia less than in previous year. Ventilation of factory and barracks improved. Spittoons with antiseptic lotion used in workshops. An objectionable municipal latrine removed from proximity of jail.
Dehra Dun	,,	A small jail. No overcrowding. One death from dysentery, 1 from pneumonia, 1 suicidal. A reservoir for drinking water completed.
Agra District	,,	No overcrowding. No sanitary defects noted. Improvement on previous year. Pneumonia caused 5 deaths, dysentery 3.
Jhansi	,,	Considerable overcrowding for over seven months, especially in under-trial ward. No sanitary defects noted. Sickness chiefly due to malaria, which was not of a severe type. Three of 10 fatal cases were admitted in *bad* or very bad health. Hospital cookhouse built.

TABLE XLIV—*continued.*

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS.

The ratios of sickness and mortality will be found in Table XLII.

Jails.	Provinces.	Sanitary defects, improvements, suggestions, etc.
Lalitpur	N.-W. P. and Oudh	No overcrowding. No sanitary defects noted. The deaths from dysentery are quaintly attributed to "chance, as no palpable cause could be traced." The mortality was among a few admitted to jail in bad health.
Lahore Central	Punjab	The accommodation at 36 sq. feet is 1,721, while at 648 c. feet it is 1,828. The lower number is preferable. There was no overcrowding, as tents were erected for "excess population." No sanitary defects are noted. "Ague" caused most admissions to hospital. No local cause can be discovered. Prisoners did not suffer more than inhabitants of the district. Dysentery cases seemed in all cases relapses from former attacks outside jail. It is connected with malaria. No deficiency of antiscorbutics, to which the dysentery was attributed in former years. Twenty-seven cases of pneumonia due to habit of sleeping uncovered, not to want of clothing, nor to bad ventilation. Eight cases of tubercle of the lungs transferred to other jails for change. Cook-house much improved. New mortuary completed. Prophylatic issue of quinine *not* a success in this jail.
Peshawar	"	Overcrowding for 98 days. Tents and hospital verandahs used to relieve. Certain solitary cells badly ventilated. Night latrines required for barracks. Main bathing platform too small, and much exposed on wet and windy days. The site of the jail is bad—low-lying; to this is attributed the prevalence of malarial fever and its sequelæ.
Mooltan Central	"	No overcrowding. The barracks are draughty, and not suited to a Mooltan cold weather. The hospital is only a converted jail barrack. The latrines are uncovered. In hot weather great scarcity of good vegetables: only *sags* could be used. The bad system of distributing water in microbe-breeding earthen *ghurras* is in force. In spite of a rainless year, malarial fevers were common. The admissions for tubercle of the lungs are high and the medical officer believes that in many cases the disease is contracted in jail. There are no isolation wards for the hospital, its floor is mud, and its ventilation defective,—a serious state of affairs for a jail full of chronic invalids. Dysentery has been of a very fatal type, and the medical officer believes that contaminated water from the *ghurras,* added to chronic malaria and scurvy, is responsible for the dysentery. Erysipelas is traced to the use of dirty cloths for bandages, and pneumonia is due to some extent to bad ventilation. Recommendations made for cementing floor of hospital, and for improvements in water distribution. There are many and serious defects (many of them capable of removal) in this, the invalid jail of the Punjab.
H. M. Common Prison	Bombay	Overcrowded throughout the year. Temporary sheds were used. The jail is badly situated in a crowded plague-stricken part of Bombay. The prisoners, however, did not get plague, except one man newly admitted. The chief disease was "relapsing fever." One hundred and fifty-nine cases of it were transferred to Arthur Road Hospital. This disease, owing to the fever and the beadlike chains of enlarged glands in the groins, was at first thought to be plague. Many of the symptoms also were clinically the same. Dr. Marsh found the spirillum in the blood of the cases. Colonel Waters, I.M.S., in his special report says that the dampness produced by white-washing the walls was a predisposing cause of the outbreak. Many of the cases were obviously imported. The outbreak continued into the following year (February 1900).
Thana	"	Overcrowding lasted throughout the year. Very heavy mortality. The surroundings of the jail are bad. A moat only partially filled up surrounds the jail; and there is a large tract of marshy ground on three sides, which is inundated by the tide. The state of health of the prisoners was very bad on admission to jail, and many had to be sent direct to hospital. Plague and cholera were both absent from this jail.
Mercara	Coorg	Slight overcrowding for short periods. Sickness due to bowel complaints and malarial fever. Three deaths recorded as due to "debility." Many prisoners were in bad health on admission.
Saugor	Central Provinces	Overcrowding for seven months, especially in the female and under-trial wards. Ventilation defective in nearly all the wards. Pumps are required for the water-supply. The district suffers still from the effects of the famine of 1896-97. A Larymore boiler erected. Jail wells deepened.
Narsinghpur	" "	Slight overcrowding for three months in female ward. No sanitary defects noted, except that the water of the female ward well was unfit for drinking.

JAILS.	PROVINCE.	Sanitary defects, improvements, suggestions, etc.
Narsinghpur—*concld.*	Central Provinces—*contd.*	Many chronic cases of disease admitted to jail. A barrack was dismantled to allow freer circulation of air. The kitchen is being enlarged. 165 convicts admitted to jail with spongy gums, almost always due to neglect of teeth. These cases improved rapidly by use of dentifrices, etc. Wells disinfected once a month with permanganate. Cinchonidine issued daily, or less often, during rainy season.
Seoni	„	No overcrowding. Wards cold in winter. Shutters recommended. Subsoil water three feet from surface in the rains, but the jail is on a slope, and is not waterlogged. Water from wells boiled. Some wells dry up in the hot weather. General health good. Some men in bad health on admission to jail. New berths in certain wards.

TABLE XLV.

INFLUENZA by months, jails, groups, and administrations.

Jails.*	Admissions from Influenza in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central (natives)	...	...	...	...	...	...	1	...	...	...	...	...	1
Bassein Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Henzada	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	...	...	...	...	...	...	1	...	...	...	...	...	1
Pakôkku	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan Central	...	...	...	...	43	...	...	...	...	...	...	...	43
Mandalay Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	...	...	...	43	...	...	...	...	...	...	...	43
Sibsagar	...	...	1	...	...	...		...	...	...	...	...	1
Nowgong	...	...	1	4	...	...	...	...	1	...	...	1	7
Gauhati	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhubri	...	...	...	...	...	...	...	...	...	...	...	...	...
Group III.—Assam	...	...	2	4	...	...	...	...	1	...	...	1	8
Hooghly	1	3	7	1	...	...	...	...	...	6	...	...	18
Pabna	...	10	...	...	...	...	...	...	...	...	...	...	10
Rajshahi Central	14	46	24	6	6	14	12	10	...	...	...	...	132
Dinajpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Naya Dumka	...	...	...	2	...	...	...	...	...	...	...	...	2
Suri	...	...	...	...	...	...	...	...	...	...	...	...	...
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	15	59	31	9	6	14	12	10	...	6	...	...	162
A													
Chaibassa	...	12	6	...	...	...	...	...	...	...	...	...	18
Hazaribagh Central	...	16	19	23	1	...	...	...	...	...	...	...	59
B													
Monghyr	...	...	5	...	...	...	...	...	...	...	...	...	5
Durbhanga	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur	...	...	10	4	1	...	...	...	...	...	...	...	15
Buxar Central	...	...	54	8	...	...	...	...	...	...	...	...	62
Ghazipur	...	...	...	8	...	...	...	...	...	...	...	...	8
Azamgarh	...	...	21	4	1	...	...	...	...	...	...	...	26
Gorakhpur	...	...	...	6	1	2	...	...	...	...	...	...	9
Jaunpur	...	...	...	...	1	...	...	...	...	...	...	...	1
Mirzapur	...	...	...	2	1	...	...	...	...	...	...	...	3
Allahabad Central	...	...	...	...	...	...	...	...	...	...	...	8	8
,, District	...	3	8	19	27	...	...	...	...	...	...	...	57
Fatehpur	...	2	4	1	...	1	...	...	...	...	...	...	8
Orai	...	...	...	12	2	...	2	...	...	...	...	...	16
Cawnpur	...	...	...	...	...	...	...	...	...	...	2	2	4
Lucknow Central	...	11	15	...	126	...	...	...	...	...	...	...	152
,, District	1	6	3	...	...	...	...	...	...	...	...	...	10
Barabanki	...	...	...	1	...	...	...	...	...	...	...	...	1
Bahraich	...	...	36	...	...	...	...	...	...	...	...	...	36
Kheri	...	...	1	1	...	...	...	...	...	...	...	...	2
Sitapur	...	7	11	16	12	...	1	1	3	...	...	...	51
Etah	...	3	3	1	15	2	...	...	4	6	1	...	35
Fatehgarh Central	...	...	20	120	26	...	...	...	...	...	22	23	211
,, District	...	...	1	4	...	...	...	...	...	...	1	...	6
Group V.—Gangetic Plain and Chutia Nagpur	1	60	217	230	214	5	3	1	7	6	26	33	803
A													
Bareilly Central	...	...	...	1	...	...	...	...	...	...	...	...	1
,, District	...	...	112	59	11	...	...	...	22	34	10	10	258
Moradabad	...	...	1	4	...	...	...	...	...	...	...	...	5
Meerut	4	26	12	5	2	1	...	...	...	...	11	4	65
B													
Gujranwala	2	...	...	...	...	...	...	...	...	...	...	...	2
Group VI.—Upper Sub-Himalaya	6	26	125	69	13	1	...	...	22	34	21	14	331
A													
Mooltan District	8	74	24	...	...	...	...	...	...	...	...	...	106
C													
Sind Gang	6	...	2	...	...	...	...	...	...	...	...	...	8
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	14	74	26	...	...	...	...	...	...	...	...	...	114

TABLE XLVI.

CHOLERA by months, jails, groups, and administrations.

Jails.*	Admissions from Cholera in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Mergui	...	...	1	...	...	...	...	...	...	...	...	...	1
Moulmein	...	...	...	5	14	...	...	...	...	...	...	...	19
Rangoon Central (natives)	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein Central	...	...	...	3	1	...	...	...	...	...	...	...	4
Henzada	...	...	...	...	1	...	...	...	...	...	...	...	1
Group I.—Burma Coast and Bay Islands	...	...	1	8	16	...	...	...	...	...	...	...	25
Pakôkku	...	...	...	...	2	...	...	...	...	...	...	...	2
Myingyan Central	...	...	...	...	...	2	1	...	1	1	...	...	5
Mandalay Central	...	...	...	...	...	2	...	...	...	...	...	...	2
Monywa	...	...	...	...	1	7	...	...	...	...	...	...	8
Group II.—Burma Inland	...	...	...	...	3	11	1	...	1	1	...	...	17
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati	...	...	...	...	...	...	...	...	...	25	...	...	25
Dhubri	...	...	...	...	...	...	...	...	...	...	1	...	1
Group III.—Assam	...	...	...	...	...	...	...	...	...	25	1	...	26
Hooghly	...	...	...	...	...	...	1	...	...	...	...	1	2
Pabna	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	...	...	...	...	1	...	...	...	...	...	...	1
Naya Dumka	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri	...	...	...	...	...	...	...	...	...	...	1	1	2
Bankura	...	...	...	...	...	1	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	...	...	...	...	...	2	1	...	...	...	1	2	6
A													
Chaibassa	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Monghyr	...	...	...	...	...	...	...	...	...	...	...	...	...
Durbhanga	...	...	...	...	...	...	...	...	...	1	...	...	1
Muzaffarpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxar Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghazipur	...	...	...	...	...	...	...	...	...	...	...	...	...
Azamgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Mirzapur	...	...	...	...	...	...	...	...	...	2	...	...	2
Allahabad Central	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow Central	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahraich	...	...	...	...	...	...	...	...	...	...	...	...	...
Kheri	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Etah	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	...	...	...	...	...	...	...	...	...	3	...	...	3
A													
Bareilly Central	...	...	...	...	...	...	...	...	1	...	...	...	1
,, District	...	1	...	...	...	...	...	...	...	...	...	...	1
Moradabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Gujranwala	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	...	1	...	...	...	...	...	...	1	...	...	...	2
A													
Mooltan District	...	...	...	...	...	...	...	...	...	...	...	...	...
C													
Sind Gang	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	...	...	...	...	...	...	...	...	...	...	...	...	...

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* Jails where neither Influenza nor Cholera occurred are not shown in these tables. For the annual rates see Table XLII.

JAILS AND ADMINISTRATIONS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Agra District	24	...	...	...	...	...	...	...	...	...	...	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—S. E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT	24	...	...	...	...	...	...	...	...	...	...	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Bilaspur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	6
Raipur Central	...	...	19	13	3	3	...	...	...	...	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur ,,	...	...	9	22	...	...	...	...	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara	...	...	6	1	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	...	...	1	13	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmahl	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola Central	...	1	20	...	...	...	...	...	...	...	...	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharwar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	6	...	...	...	...	...	...	12
GROUP IX.—DECCAN	...	1	56	49	3	3	...	...	...	...	...	...	112	...	...	...	...	6	6	3	3	...	...	...	...	18
Thana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
A																										
Salem Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
B																										
Madras Penitentiary, Central (natives)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	3
Shillong	...	10	3	2	1	...	1	2	1	2	2	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILLS	...	10	3	2	1	...	1	2	1	2	2	...	24	...	...	...	...	...	...	...	...	...	...	...	...	...
INDIA	60	230	460	363	280	23	17	13	31	48	49	48	1,622	...	3	1	8	25	19	6	4	2	29	2	2	101
ANDAMANS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
BURMA	...	...	...	...	43	...	1	...	...	...	...	...	44	...	...	1	8	19	11	1	...	1	1	...	...	42
ASSAM	...	10	5	6	1	...	1	2	2	2	2	1	32	...	...	...	...	...	...	...	...	...	25	1	...	26
BENGAL	15	87	125	44	8	14	12	10	...	6	...	...	321	...	...	...	...	...	2	1	...	...	1	1	2	7
N.-W. PROVINCES AND OUDH	29	58	248	264	225	6	3	1	29	40	47	47	997	...	1	...	...	...	...	...	...	1	2	...	...	4
PUNJAB	10	74	24	...	...	...	...	...	...	...	...	...	108	...	...	...	...	...	...	...	...	...	...	...	...	...
BOMBAY	6	...	2	...	...	...	...	...	...	...	...	...	8	...	...	...	...	6	6	1	...	...	...	...	...	13
BERAR AND SECUNDERABAD	...	1	22	13	...	...	...	...	...	...	...	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...
CENTRAL PROVINCES	...	...	34	36	3	3	...	...	...	...	...	...	76	...	...	...	...	...	...	3	3	...	...	...	...	6
MADRAS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	3

TABLE XLVII.

ENTERIC FEVER by months, jails, groups, and administrations.

Jails.*	Admissions from Enteric Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	...	...	...	...	...	...	...	...
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	...	...	...	...	...	...	...	...	...	...	...	...
Taungoo	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central (Europeans)	...	...	...	...	...	...	1	...	...	...	...	...	1
Rangoon Central (natives)	...	...	1	...	...	...	...	1	...	...	...	...	2
Maubin	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	...	...	1	...	...	...	1	1	...	...	...	...	3
Paungdi	...	...	...	...	...	...	...	...	...	...	...	...	...
Magwe	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamethin	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan Central	...	...	...	...	...	1	...	...	...	...	...	...	1
Group II.—Burma Inland	...	...	...	...	...	1	...	...	...	...	...	...	1
Sylhet	...	...	...	...	...	...	...	...	...	...	...	...	...
Group III.—Assam	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Tippera	...	...	...	...	...	...	...	...	...	...	...	...	...
Khulna	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency Central (natives)	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Burdwan	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Pabna	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Malda	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Purneah	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	...	...	...	...	...	...	...	...	...	...	...	...	...
A													
Ranchi	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Gaya	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagalpur Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Chapra	...	...	...	...	...	...	...	1	...	...	...	...	1
Ghazipur	...	...	...	...	...	...	...	...	...	...	...	...	...
Partabgarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Mirzapur	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad Central	1	...	...	...	...	...	...	...	...	...	...	...	1
Fatehpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Unao	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh Central	...	...	...	...	...	...	1	...	...	...	...	...	1
Group V.—Gangetic Plain and Chutia Nagpur	1	...	...	...	...	...	1	1	...	...	...	...	3
A													
Bareilly Central	...	...	...	...	...	...	1	...	...	...	...	...	1
Bareilly District	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut	...	...	...	...	...	...	...	...	...	...	...	...	...
B													
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot	...	...	...	...	...	...	...	...	...	...	...	...	...
Mung Rasul Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VI.—Upper Sub-Himalaya	...	...	...	...	...	...	1	...	...	...	...	...	1

TABLE XLVIII.

SIMPLE CONTINUED FEVER by months, jails, groups, and administrations.

Jails.*	Admissions from Simple Continued Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	...	...	...	...	...	6	...	...	...	...	...	...	6
Mergui	...	...	...	...	...	...	...	...	3	...	...	...	3
Moulmein	5	6	8	4	16	14	21	26	9	2	6	9	126
Taungoo	...	...	...	...	...	1	7	7	9	6	13	5	48
Rangoon Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central (natives)	1	...	1	1	...	...	3	3	4	3	1	1	18
Maubin	2	...	...	...	...	2	...	...	...	...	...	...	4
Bassein Central	...	8	9	5	5	10	9	7	6	7	14	9	89
Group I.—Burma Coast and Bay Islands	8	14	18	10	21	33	40	43	31	18	34	24	294
Paungdi	...	...	1	...	...	...	...	...	...	...	...	...	1
Magwe	...	1	1	...	...	...	...	2	...	...	...	...	4
Minbu	...	...	1	...	...	...	...	...	...	1	...	...	2
Yamethin	...	...	...	...	1	...	...	...	...	...	...	...	1
Myingyan Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	...	1	3	...	1	...	...	2	...	1	...	...	8
Sylhet	...	...	...	...	...	...	1	...	...	...	...	...	1
Group III.—Assam	...	...	...	...	...	...	1	...	...	...	...	...	1
Dacca Central	36	16	3	10	4	12	13	16	...	30	22	23	185
Tippera	19	2	1	5	4	11	14	10	14	7	6	7	100
Khulna	...	...	2	2	4	1	5	3	2	2	4	...	25
Presidency Central (natives)	...	2	1	...	...	...	...	...	...	...	...	...	3
Alipore Central	21	24	8	14	4	12	21	27	50	110	236	140	667
Burdwan	...	...	2	1	...	...	...	1	...	...	...	...	4
Faridpur	1	...	3	1	2	2	...	1	...	...	3	8	21
Pabna	2	...	1	2	2	1	7	...	...	...	...	...	15
Rajshahi Central	2	...	...	...	...	...	...	8	1	2	...	...	13
Malda	1	...	...	...	...	1	...	1	2	1	1	1	8
Dinajpur	...	...	2	1	...	...	1	1	...	2	...	...	7
Rangpur	...	...	...	1	...	...	...	...	...	...	...	...	1
Purneah	5	1	4	...	2	1	...	...	6	7	3	1	30
Suri	1	...	...	...	...	...	...	1	...	...	...	...	2
Balasore	...	...	...	...	...	1	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	88	45	27	37	22	42	61	69	75	161	275	180	1,082
A													
Ranchi	...	..	2	...	...	1	10	4	3	6	3	8	37
Hazaribagh Central	5	...	1	11	13	14	21	12	7	7	7	2	100
B													
Gaya	1	...	1	...	1	3	2	2	...	...	1	...	11
Bhagalpur Central	...	4	5	...	2	...	...	...	...	...	...	...	11
Muzaffarpur	...	...	...	...	...	...	...	16	7	3	2	2	30
Chapra	...	...	...	...	...	...	...	1	1	...	...	...	2
Ghazipur	...	...	...	...	...	...	...	...	...	...	...	1	1
Partabgarh	...	...	2	...	...	...	...	...	...	...	...	...	2
Mirzapur	...	...	3	1	3	1	4	6	4	3	4	2	31
Allahabad Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	...	...	...	6	...	10	1	...	...	...	...	...	17
Unao	...	1	...	...	3	2	...	...	...	...	...	...	6
Lucknow Central	...	...	5	1	...	...	...	...	..	...	...	...	6
Barabanki	...	...	...	...	...	1	...	2	...	...	...	1	4
Mainpuri	...	...	...	...	...	...	...	1	...	...	...	...	1
Fatehgarh Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Group V.—Gangetic Plain and Chutia Nagpur	6	5	19	19	22	32	38	44	22	19	17	16	259
A													
Bareilly Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly District	...	1	...	...	...	...	...	...	...	...	...	...	1
Meerut	...	...	...	2	6	2	...	...	...	...	...	...	10
B													
Ferozepore	...	...	...	...	...	...	3	7	3	...	...	...	13
Sialkot	...	...	...	...	...	...	...	...	1	...	...	...	1
Mung Rasul Central	...	1	...	2	...	...	...	...	...	...	...	...	3
Rawalpindi	...	...	...	1	2	5	1	...	14	...	...	...	23
Group VI.—Upper Sub-Himalaya	...	2	...	5	8	7	4	7	18	...	...	...	51

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* Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For annual ratios see Table XLII.

JAILS AND ADMINISTRATIONS	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Dera Ismail Khan	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	4
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	...		...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	4
A																										
Ahmedabad Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	1	1	...	...	...	...	...	8
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	1	1	...	...	...	...	...	8
A																										
Seoni	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nagpur Central	...	...	...	...	...	2	1	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	7	9	2	6	1	...	29
Wardha	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
B																										
Amraoti Central	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	4
Akola Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	3
Buldana	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	2	...	...	5
Yerrowda Central	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	2
GROUP IX.—DECCAN	...	1	...	...	...	2	1	1	...	1	...	...	6	4	2	...	...	1	2	8	10	5	9	3	...	44
Ratnagiri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Mangalore	...	...	...	...	...	...	...	...	...	5	...	...	5	...	...	...	...	...	...	...	...	...	...	1	1	2
GROUP X.—WESTERN COAST	...	...	...	...	...	...	...	...	...	5	...	...	5	...	...	...	...	...	...	...	...	...	1	1	1	3
A																										
Bellary	...	...	...	...	...	...	...	...	...	...	...	...	...	9	9	5	1	3	2	...	2	1	1	...	3	36
Salem Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	3
Coimbatore Central	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	3	3	...	2	1	4	2	2	22
B																										
Palamcottah	...	...	...	...	...	...	...	...	...	...	...	...	...	5	3	...	1	5	1	...	7	3	4	4	8	41
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	2	1	6
Trichinopoly Central	...	...	...	...	...	...	...	...	...	...	...	...	...	8	7	6	5	2	3	5	4	6	4	5	5	60
Tanjore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1	...	4
Cuddalore	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	3	1	2	5	4	1	19
Vellore Central	...	...	...	...	...	...	1	...	...	...	...	...	1	28	12	6	3	7	2	7	5	2	3	11	13	99
Madras Penitentiary, Central (natives)	...	...	...	...	...	...	...	...	...	...	...	...	...	12	10	8	17	4	4	...	4	3	21	23	37	143
Madras Penitentiary, Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	1	...	...	...	4
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	1	...	2	...	...	7
Guntur	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	8	1	...	3	2	...	1	1	2	4	25
C																										
Vizagapatam	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	3	...	2	2	2	2	...	...	...	1	16
Berhampur	...	1	...	...	...	...	...	...	...	...	...	...	1	1	1	2	2	3	...	1	...	...	...	...	...	10
GROUP XI.—SOUTHERN INDIA	...	1	...	...	...	...	1	...	...	...	...	...	2	70	52	44	31	30	20	24	29	20	46	54	75	495
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	3	1	...	...	...	...	8
Russellkonda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
GROUP XII.—HILLS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	3	1	...	...	...	4	12
EXTRA INDIA — Aden	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2
INDIA*	1	2	1	...	...	3	5	3	...	6	...	...	21	176	124	112	107	109	140	180	205	171	255	384	300	2,263
ANDAMANS	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	6
BURMA	...	...	1	...	...	1	1	1	...	...	...	...	4	8	15	21	10	22	27	40	45	31	19	34	24	296
ASSAM	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
BENGAL	..	...	...	...	...	...	...	1	...	...	...	...	1	94	49	36	48	38	60	94	104	93	177	288	192	1,273
NORTH-WESTERN PROVINCES AND OUDH	1	...	...	...	...	...	2	...	...	...	...	...	3	...	2	10	10	12	16	5	9	4	3	4	4	79
PUNJAB	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4	2	5	4	7	18	...	...	...	44
BOMBAY	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	3	4	1	1	...	...	2	1	...	13
BERAR AND SECUNDERABAD	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	1	...	3	2	1	...	12
CENTRAL PROVINCES	...	1	...	...	...	2	1	1	...	...	...	...	5	1	...	...	...	1	2	7	10	2	6	1	...	30
MADRAS	...	1	...	...	...	...	1	...	...	5	...	...	7	70	52	44	31	30	20	24	29	20	46	55	80	501
NON-BRITISH JAILS— Kolhapur	...	...	...	...	...	...	...	...	...	...	...	...	...	2	8	2	5	9	8	10	12	3	6	10	2	77

* 'ncluding Quetta.

TABLE XLIX.

INTERMITTENT FEVER by months, jails, groups, and administrations.

Jails.*	Admissions from Intermittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Andamans	679	781	1,067	1,258	1,702	1,825	1,724	1,030	930	989	884	665	13,534
Tavoy	1	...	...	...	...	1	3	...	1	...	...	...	6
Moulmein	...	...	1	1	21	2	2	12	7	2	4	3	55
Shwegyin	4	3	2	...	2	4	4	1	2	...	1	1	24
Toungoo	6	4	2	2	2	2	...	1	...	...	...	...	19
Rangoon Central (Europeans)	...	...	...	1	...	...	...	1	...	...	...	...	2
Rangoon Central (natives)	21	30	19	24	29	17	34	40	15	12	11	17	269
Maubin	...	...	1	...	1	...	4	2	2	3	...	...	13
Bassein Central	5	7	12	2	3	...	...	...	...	...	8	19	56
Insein ,,	18	17	22	6	8	26	31	27	6	22	23	35	241
Henzada	...	...	2	...	1	1	4	7	3	6	5	...	29
Myanaung	...	2	1	...	1	1	...	1	...	...	...	...	6
Kyaukpyu	6	...	2	1	5	8	3	...	2	...	...	4	31
Akyab	...	1	1	...	2	4	1	1	1	...	1	5	17
Group I.—Burma Coast and Bay Islands	740	845	1,132	1,295	1,777	1.891	1,810	1,123	969	1,034	937	749	14,302
Paungdi	...	1	...	1	...	1	2	1	1	4	2	3	16
Prome	...	1	1	...	...	1	1	...	...	...	...	4	8
Thayetmyo Central	4	1	12	30	19	39	14	5	3	2	4	1	134
Magwe	...	...	...	...	...	...	...	...	...	...	...	1	1
Minbu	2	2	3	1	1	2	3	2	...	2	2	...	20
Yamethin	3	1	2	...	...	...	...	...	...	...	...	1	7
Meiktila	...	...	...	...	...	...	1	1	2	...	...	...	4
Pagan	1	2	1	1	...	...	...	...	...	...	...	...	5
Pakôkku	...	...	...	2	1	...	1	2	...	...	...	...	6
Myingyan Central	7	7	14	8	26	18	21	12	9	10	9	2	143
Mandalay ,,	12	10	18	13	13	14	28	24	16	15	10	15	188
Monywa	...	...	...	...	...	...	1	...	1	...	2	...	4
Shwebo	2	1	1	2	...	1	2	...	1	1	...	...	11
Bhamo	2	9	1	3	1	4	2	12	2	1	7	2	46
Katha	2	...	...	2	5	4	2	3	...	2	5	2	27
Group II.—Burma Inland	35	35	53	63	66	84	78	62	35	37	41	31	620
Cachar	...	...	1	2	...	1	...	2	...	...	...	...	6
Sibsagar	...	...	1	1	1	2	2	2	1	...	5	2	17
Dibrugarh	3	1	3	6	8	10	9	6	13	9	6	3	77
Tezpur	5	...	5	...	3	6	5	4	2	3	...	...	33
Nowgong	1	1	2	4	2	7	11	7	3	4	...	2	44
Gauhati	3	4	2	2	5	7	1	4	2	2	3	...	35
Dhubri	...	...	...	...	...	...	1	1	2	...	2	...	6
Sylhet	5	5	9	9	13	9	28	20	16	16	18	10	158
Group III.—Assam	17	11	23	24	32	42	57	46	39	34	34	17	376
Mymensingh	6	11	4	10	10	12	9	12	10	8	6	4	102
Dacca Central	28	7	20	6	6	16	5	...	16	57	15	51	227
Tippera	2	...	3	1	2	...	...	...	...	...	...	...	8
Chittagong	4	...	1	3	1	2	2	9	4	5	5	5	41
Noakhali	...	4	...	6	3	5	3	...	...	2	4	4	31
Backergunge	4	8	16	18	6	6	14	6	13	12	10	4	117
Khulna	...	...	1	...	3	4	4	2	3	2	2	1	22
Jessore	4	15	9	7	11	12	8	14	9	10	25	17	141
Baraset	4	1	1	4	4	3	6	8	14	15	11	4	75
Presidency, Central (Europeans)	1	...	...	...	...	...	...	3	5	6	1	4	20
Presidency, Central (natives)	3	3	5	5	10	13	15	30	75	27	25	31	242
Alipore Central	14	9	10	5	5	2	4	16	15	5	38	8	131
Hooghly ,	5	...	1	4	9	2	11	12	10	7	11	11	83
Burdwan	7	3	9	5	...	2	1	4	4	10	5	1	51
Krishnagar	1	...	2	1	1	1	...	3	3	8	4	2	26
Faridpur	2	1	3	...	...	2	...	...	...	2	6	6	22
Pabna	10	7	4	1	1	5	...	1	6	6	11	5	57
Murshidabad	1	1	2	1	8	2	...	2	1	1	...	1	20
Rajshahi Central	3	2	18	10	8	9	14	9	21	25	25	21	165
Bogra	7	3	2	1	4	3	3	3	1	7	7	4	45
Malda	1	4	1	2	2	...	3	5	8	5	4	7	42
Dinajpur	1	1	2	...	...	...	1	1	3	5	...	...	14
Rangpur	6	6	1	2	3	2	3	6	16	5	3	2	55
Jalpaiguri	6	1	4	4	6	2	3	5	5	5	1	3	45
Purneah	...	5	...	1	6	2	10	7	3	...	4	6	44
Suri	5	3	16	1	5	3	2	2	3	3	13	5	61
Bankura	5	7	3	3	4	9	29	13	7	11	12	4	107
Midnapur Central	10	6	16	5	8	17	8	17	24	24	24	23	182
Balasore	...	...	3	...	...	...	5	3	...	...	1	...	12
Cuttack	1	6	13	5	5	4	7	12	9	10	4	3	79
Puri	1	...	1	...	1	...	1	...	...	...	2	1	7
Angul	1	...	...	1	...	10	...	...	1	...	...	...	13
Group IV.—Bengal and Orissa	143	114	171	112	132	150	171	205	289	283	279	238	2,287

TABLE L.

REMITTENT FEVER by months, jails, groups, and administrations.

Jails.*	Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Andamans	7	8	2	6	32	66	43	22	14	22	8	7	237
Tavoy	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	...	...	...	...	...	...	...	...	...	...	1	1
Shwegyin	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo	...	...	...	...	...	1	...	...	...	...	...	...	1
Rangoon Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central (natives)	1	...	...	...	...	...	1	...	...	3	2	2	9
Maubin	...	...	...	...	...	1	...	...	...	...	...	...	1
Bassein Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Insein ,,	4	1	...	...	...	...	...	...	...	1	...	3	9
Henzada	...	...	...	...	...	1	...	...	...	...	...	...	1
Myanaung	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab	...	...	...	...	...	...	...	...	...	...	...	...	...
Group I.—Burma Coast and Bay Islands	12	9	2	6	32	69	44	22	14	26	10	13	259
Paungdi	...	...	...	...	...	...	...	...	...	...	...	...	...
Prome	...	...	...	...	..	...	...	...	...	...	...	...	...
Thayetmyo Central	...	...	...	...	...	...	...	...	...	...	...	2	2
Magwe	...	...	...	...	...	...	...	...	...	...	...	...	...
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Yamethin	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	...	...	...	...	...	...	...	...	...	...	...	...	...
Pakôkku	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan Central	1	...	2	1	5	9	1	3	1	4	1	1	29
Mandalay ,,	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	1	1	1	...	...	...	...	...	3
Bhamo	...	...	...	...	...	...	...	...	...	1	1	...	2
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
Group II.—Burma Inland	1	...	2	1	6	10	2	3	1	5	2	3	36
Cachar	...	...	...	...	...	...	...	...	...	...	1	...	1
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhubri	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet	...	1	...	3	3	1	...	1	1	...	...	...	10
Group III.—Assam	...	1	...	3	3	1	..	1	1	...	1	...	11
Mymensingh	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca Central	...	2	...	1	2	1	1	...	1	...	1	2	11
Tippera	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong	...	...	...	...	...	...	...	...	...	...	...	...	...
Noakhali	...	...	...	...	...	...	...	...	...	...	...	...	...
Backergunge	1	...	...	1	...	...	1	...	...	...	...	...	3
Khulna	...	...	...	...	...	...	1	...	...	...	...	...	1
Jessore	...	1	1	...	...	1	...	1	1	...	1	...	6
Baraset	...	...	...	...	...	...	1	...	...	...	...	...	1
Presidency, Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central (natives)	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Hooghly ,	...	...	...	...	...	...	...	...	...	...	...	...	...
Burdwan	...	...	2	...	...	...	...	...	...	...	...	1	3
Krishnagar	...	...	...	..	...	...	...	...	...	...	...	...	...
Faridpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Pabna	...	..	...	...	...	...	...	...	1	...	...	...	1
Murshidabad	...	1	3	2	2	...	1	6	6	5	4	4	34
Rajshahi Central	...	...	1	1	8	4	7	9	1	4	1	5	41
Bogra	2	...	...	...	...	...	...	...	...	...	...	...	2
Malda	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangpur	...	...	1	...	...	...	...	...	...	...	...	...	1
Jalpaiguri	...	...	...	...	1	...	...	...	...	...	...	1	2
Purneah	2	1	...	4	...	...	...	...	...	...	...	...	7
Suri	...	...	2	1	...	...	...	...	...	...	...	...	3
Bankura	...	...	...	...	...	...	...	...	...	...	...	...	...
Midnapur Central	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore	...	...	...	...	...	1	...	...	...	...	...	...	1
Cuttack	...	...	...	...	...	...	...	...	...	...	...	...	...
Puri	...	...	...	...	...	...	...	...	...	...	...	...	...
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	5	5	10	10	13	7	12	16	10	9	7	13	117

* Jails where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables.

For the annual ratios see Table XLII.

JAILS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Chaibassa	4	1	5	5	2	4	9	13	10	11	6	2	72	...	...	1	...	...	...	...	...	...	...	2	1	4
Purulia	3	1	8	10	5	8	10	13	8	6	6	7	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranchi	3	1	...	6	1	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	..	...
Palamau	...	...	3	...	...	...	4	8	5	10	1	1	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Hazaribagh Central	15	5	4	15	11	11	19	10	13	25	28	16	172	1	1	1	...	6	3	4	1	...	3	1	1	22
B																										
Gaya	19	12	11	10	12	14	28	43	26	18	17	13	223	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhagalpur Central	33	7	1	4	4	8	9	22	10	9	3	4	114	...	...	...	...	...	...	...	...	...	...	...	...	...
Monghyr	12	9	13	4	10	3	2	5	4	6	5	4	77	...	...	1	...	...	...	...	...	...	...	...	...	1
Darbhanga	5	3	3	9	15	9	31	29	16	23	15	7	165	..	...	...	...	...	...	...	...	...	...	...	...	...
Champarun	1	6	5	4	3	7	18	3	6	4	6	3	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Muzaffarpur	...	3	1	1	3	2	2	2	1	6	...	...	21	...	...	...	2	1	...	...	...	1	1	...	...	5
Patna	7	3	16	6	4	11	8	12	13	7	2	5	94	...	...	...	...	...	...	1	...	...	...	...	...	1
Arrah	1	...	7	3	1	...	2	7	3	1	...	2	27	...	...	...	...	1	1	...	2	1	...	1	1	7
Chapra	...	...	4	10	7	5	7	17	7	6	3	5	71	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxar Central	49	47	92	184	120	94	208	314	237	168	109	41	1,663	...	...	...	...	...	...	...	...	...	...	...	...	...
Korantadih	...	1	2	2	1	3	1	9	12	2	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Ghazipur	...	1	2	3	...	...	...	...	...	...	3	2	11	...	...	...	...	7	7	6	18	30	11	...	1	80
Azamgarh	11	7	18	4	6	8	15	27	31	15	8	10	160	...	...	...	...	...	...	...	...	...	...	...	...	...
Kassia	...	...	...	1	1	...	...	1	2	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur	6	8	7	25	6	6	6	8	11	10	6	10	109	...	...	1	...	...	...	...	...	...	...	...	...	1
Basti	7	7	8	2	4	4	5	5	1	7	2	1	53	1	...	...	...	...	...	2	1	...	...	...	...	4
Fyzabad	3	5	8	3	7	7	20	25	27	33	14	8	160	...	...	...	...	...	...	...	...	...	...	...	...	...
Sultanpur	11	4	5	6	8	8	19	21	13	22	6	7	130	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareli	3	2	6	5	7	3	7	15	12	6	5	7	78	...	...	...	...	...	...	...	...	...	...	...	...	...
Partabgarh	1	3	...	9	5	1	2	6	1	5	4	2	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaunpur	3	2	8	27	4	12	20	25	10	14	13	11	149	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares Central	16	11	25	22	12	9	22	33	19	20	24	14	227	...	...	...	...	...	...	..	...	...	...	...	...	...
,, District	5	5	14	9	11	10	15	16	14	13	11	13	136	...	1	...	...	1	1	...	1	...	...	2	...	6
Mirzapur	6	6	13	3	6	8	1	7	6	2	9	1	68	3	1	...	...	...	1	...	...	...	...	...	...	5
Allahabad Central	15	9	23	33	26	44	76	121	94	39	42	27	549	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	7	7	12	6	2	18	8	18	14	24	13	3	132	...	2	1	...	...	...	...	...	...	...	...	...	3
Karwi	1	1	2	1	2	...	...	5	5	4	...	...	21	...	...	...	...	...	...	...	...	..	...	...	...	...
Banda	7	4	18	14	12	14	6	12	24	10	14	18	153	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehpur	15	6	5	6	4	9	17	66	39	28	23	7	225	...	...	...	...	...	...	...	...	...	...	...	...	...
Hamirpur	9	8	7	10	11	9	9	9	9	7	5	4	97	...	...	...	...	...	...	...	...	...	...	...	...	...
Orai	3	4	1	4	4	...	7	8	10	7	1	2	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore	3	6	3	10	6	6	6	34	15	9	13	12	123	1	...	2	1	2	1	...	...	...	1	...	...	8
Unao	...	...	2	2	1	...	7	21	23	19	2	...	77	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow Central	25	6	20	106	39	60	63	84	49	21	19	4	496	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	17	16	15	18	24	19	13	26	9	4	6	6	173	...	...	...	...	...	...	...	...	...	...	...	...	...
Barabanki	...	3	4	5	3	1	6	12	3	10	4	1	52	...	...	...	...	...	...	2	1	1	...	...	...	4
Gonda	14	3	13	18	3	12	14	29	31	15	29	7	188	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahraich	20	33	52	25	31	29	35	42	38	30	39	36	410	...	...	...	...	...	...	...	...	...	...	...	...	...
Kheri	14	11	23	39	7	6	5	8	6	5	6	6	136	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	3	1	3	2	...	...	2	6	6	3	4	1	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Hardoi	4	7	24	14	10	14	5	4	21	18	10	25	156	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah	...	1	2	1	1	3	4	18	8	6	3	1	48	...	1	...	...	...	...	...	...	...	...	...	...	1
Mainpuri	8	6	11	5	14	5	8	33	8	12	36	23	169	...	...	...	...	...	...	...	...	...	...	...	...	...
Etah	4	15	12	49	14	15	15	48	40	27	22	20	281	...	...	...	...	...	2	2	...	...	...	...	...	4
Fatehgarh Central	24	10	17	7	23	63	51	49	18	12	8	7	289	...	...	...	...	...	...	...	1	2	...	...	...	3
,, District	25	5	9	5	6	13	19	21	3	...	1	3	110	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR	442	322	567	772	519	595	866	1,370	991	759	606	409	8,218	6	6	7	3	18	16	17	25	35	16	6	4	159
A																										
Shahjahanpur	17	13	28	18	18	13	9	16	25	21	22	46	246	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly Central	7	11	41	56	20	13	29	36	55	42	56	34	400	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	20	18	17	1	29	45	59	64	43	31	42	60	429	...	...	...	...	...	...	...	...	...	...	...	...	...
Budaon	3	1	3	5	9	7	3	19	13	14	7	5	89	...	...	...	...	...	...	...	...	...	...	...	...	...
Aligarh	16	6	15	5	4	4	10	32	17	32	63	33	237	...	...	...	...	...	...	...	...	...	...	...	...	...
Bulandshahr	2	1	1	7	7	3	2	5	7	2	6	2	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Moradabad	12	9	13	24	13	4	11	19	14	13	11	7	150	...	...	4	4	3	1	2	3	1	2	4	1	25
Bijnor	4	2	3	1	8	4	9	10	7	5	4	5	62	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun	1	3	2	...	4	1	2	6	2	1	1	3	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Saharanpur	2	1	3	...	1	4	3	15	9	4	4	7	53	...	...	...	...	...	2	...	...	...	...	...	...	2
Muzaffarnagar	2	4	8	3	...	2	3	3	2	2	...	2	31	...	...	...	...	1	...	...	...	...	...	...	...	1
Meerut	11	3	3	1	10	3	11	32	27	15	9	8	133	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi	39	22	17	13	22	16	90	247	98	28	43	22	657	...	...	...	...	...	...	...	...	...	...	...	...	...
Rohtak	8	2	3	4	1	2	8	11	2	3	3	1	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar	1	1	1	7	8	4	11	12	4	...	1	1	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Karnal	...	...	3	1	1	...	3	2	3	1	1	1	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Umballa	9	5	4	7	10	9	9	14	26	28	15	24	160	...	...	...	...	...	...	1	...	...	...	...	...	1
B																										
Ludhiana	3	1	4	8	3	14	8	9	4	11	6	2	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshiarpur	...	1	...	...	...	...	...	3	1	1	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur	2	...	1	1	3	2	...	1	3	...	1	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	2	...	3	3	1	...	...	...	...	9	1	...	19	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar	12	3	3	1	2	8	5	3	9	8	...	8	62	...	1	1	1	...	...	...	...	...	...	...	...	3
Lahore Central	112	69	86	85	76	62	113	106	80	149	231	100	1,269	1	...	1	...	...	...	...	...	...	...	...	...	2
,, District	10	1	3	5	6	...	24	5	4	7	17	13	95	...	...	...	...	...	...	...	...	...	...	...	...	...
,, Female	10	12	11	3	1	1	2	6	3	8	6	3	66	...	...	...	...	...	...	...	...	...	...	...	...	...
Gurdaspur	2	...	1	...	1	...	...	...	4	5	...	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala	10	3	7	1	4	4	8	5	3	4	7	18	74	...	...	...	...	...	..	...	...	...	...	...	...	...
Sialkot	3	4	9	15	4	3	16	7	7	2	...	...	70	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujrat	...	1	...	2	1	...	1	...	1	...	...	...	6	...	...	2	...	...	...	...	...	...	...	...	...	2
Mung Rasul Central	34	45	87	83	32	32	16	16	12	9	13	17	396	...	...	...	...	...	2	4	1	...	...	...	1	8
Jhelum	20	10	9	13	11	13	14	13	11	16	13	23	166	1	...	1	...	...	...	...	...	...	...	1	...	3
Rawalpindi	36	11	12	23	29	21	31	86	162	177	111	93	792	...	...	...	...	...	...	...	...	...	...	1	...	1
GROUP VI.—UPPER SUB-HIMALAYA	410	263	401	396	339	294	510	803	658	648	694	540	5,956	2	1	9	5	4	5	7	4	1	2	6	2	48

TABLE XLIX—*continued.*

INTERMITTENT FEVER by months, jails, groups, and administrations.

TABLE L—*continued.*

REMITTENT FEVER by months, jails, groups, and administrations.

Jails.	Admissions from Intermittent Fever in each month.													Admissions from Remittent Fever in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Peshawar	36	10	16	10	20	31	139	79	42	38	26	10	457	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat	2	3	9	4	8	6	4	8	2	9	5	2	62	...	...	...	...	...	...	...	1	...	...	...	...	1
Bannu	2	5	7	5	1	8	4	4	1	3	5	1	46	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahpur	4	5	9	3	8	11	11	8	2	6	1	17	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhang	15	12	22	6	9	18	11	10	2	6	19	7	137	...	...	...	...	...	...	...	1	...	...	...	...	1
Montgomery Central	49	30	85	41	15	20	32	28	58	42	68	52	520	...	...	...	...	...	...	...	...	...	...	...	...	...
Mooltan Central	26	30	19	18	18	46	24	24	11	19	8	6	249	...	...	...	...	...	...	1	...	...	...	1	...	2
,, District	33	...	10	11	11	13	11	7	8	20	11	15	150	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ismail Khan	19	5	5	9	8	14	5	4	7	11	6	3	96	...	...	...	...	...	...	...	...	...	...	...	...	...
Dera Ghazi Khan	4	2	10	2	2	3	4	6	8	4	6	1	52	...	...	...	...	...	...	2	1	...	...	...	...	3
C																										
Shikarpur	6	11	1	1	2	3	2	1	10	11	4	4	56	...	...	...	...	...	...	...	...	...	...	...	...	...
Sind Gang	...	...	2	1	2	1	3	...	...	...	...	...	9	...	...	2	...	...	1	...	...	...	...	...	...	3
Hyderabad Central	1	4	3	2	1	2	2	2	3	...	1	1	22	...	...	...	3	...	...	1	2	...	...	...	...	6
Kurrachee	4	12	2	5	2	4	7	4	3	5	2	3	53	...	...	...	...	...	...	...	...	...	...	1	...	1
Group VII.—N.-W. Frontier, Indus Valley, and N.-W. Rajputana	201	129	200	118	107	180	259	185	157	174	162	122	1,994	...	...	2	3	...	1	4	5	...	...	2	...	17
A																										
Rajkot	1	1	1	...	...	...	1	1	8	8	1	4	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad Central	9	14	13	9	5	11	3	6	5	15	8	6	104	...	...	...	...	...	...	...	...	...	...	...	1	1
B																										
Ajmer	2	...	...	1	1	2	2	...	...	...	1	1	10	...	...	...	...	...	...	1	1	...	...	1	1	4
Muttra	5	3	7	9	1	5	9	34	8	10	6	2	99	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra Central	18	21	28	35	51	38	60	58	42	27	30	25	433	...	...	...	...	...	...	...	...	...	...	...	...	...
,, District	31	9	11	13	10	5	11	31	13	12	7	7	160	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi	2	4	5	2	4	3	4	2	2	2	6	3	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Lalitpur	4	2	...	1	...	1	...	...	...	1	1	3	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Group VIII.—S.-E. Rajputana, Central India, and Gujarat	72	54	65	70	72	65	90	132	78	75	60	51	884	...	...	...	...	...	...	1	1	...	...	1	2	5
A																										
Damoh	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Saugor	4	...	1	...	...	3	3	6	4	4	3	4	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore Central	55	28	38	33	73	50	66	62	45	35	31	29	545	...	...	...	...	...	...	...	...	2	...	...	...	2
Narsinghpur	4	3	6	3	6	4	4	1	9	7	4	1	52	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandla	1	...	...	...	1	...	...	...	2	2	1	2	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Bilaspur	2	4	2	...	2	...	10	3	7	3	6	...	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Sambalpur	...	...	3	4	2	2	2	2	5	1	1	...	22	...	...	...	...	...	...	1	3	...	...	...	...	4
Raipur Central	13	4	...	3	8	9	10	15	11	5	6	9	93	...	...	...	...	...	...	...	...	5	2	2	1	10
Balaghat	...	...	...	...	...	...	1	...	5	...	2	...	8	1	...	...	...	1	...	...	...	1	...	...	...	3
Seoni	1	...	...	...	1	...	1	1	1	4	3	...	12	...	...	...	...	...	...	...	...	1	...	...	...	1
Chhindwara	3	3	8	4	...	...	...	2	...	1	2	...	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoshangabad	...	1	5	3	4	8	7	5	8	5	6	...	52	4	...	...	...	...	...	...	...	...	...	...	...	4
Nimar	...	...	...	...	...	1	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	1	...	...	...	1
Betul	2	1	...	...	...	...	1	...	...	1	1	...	6	...	...	...	...	...	1	...	...	...	...	...	...	1
Nagpur Central	11	10	26	7	10	16	36	16	14	21	9	7	183	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhandara	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wardha	...	1	6	...	2	1	1	3	5	2	2	...	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Chanda	...	...	1	...	...	...	3	2	1	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Sironcha	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad	7	1	...	1	4	2	1	...	...	2	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Yeotmahl	...	...	...	...	...	...	1	2	...	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Amraoti Central	1	1	43	1	1	3	2	2	1	1	3	14	73	...	...	2	...	1	...	...	1	...	...	...	...	4
Ellichpur	...	1	...	1	...	...	2	...	1	...	5	3	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Akola Central	2	3	1	...	1	4	2	2	5	...	1	6	27	...	...	...	...	...	...	...	...	...	...	1	...	1
Basim	...	...	1	...	...	...	3	...	1	...	3	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana	...	1	...	...	...	...	...	...	...	...	1	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Dhulia	2	5	4	2	2	...	8	4	3	10	6	5	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Yerrowda Central	97	73	47	36	28	36	55	35	26	28	14	8	483	1	3	1	...	...	...	...	...	...	...	...	...	5
Bijapur	12	3	5	3	2	...	3	1	3	4	11	6	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Deccan Gang	15	20	30	9	6	4	10	13	13	2	6	1	129	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharwar	...	...	2	1	1	...	7	2	3	4	6	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IX.—Deccan	232	163	230	111	156	144	239	180	173	144	133	97	2,002	6	3	3	...	2	1	1	4	10	2	3	1	36
Thana	11	13	6	10	5	16	15	9	15	16	15	14	145	4	1	1	...	2	4	1	5	4	9	3	1	35
Bombay Common	1	...	1	...	2	...	...	1	1	5	...	8	19	...	...	...	1	1	...	1	...	1	1	...	...	5
,, House of Correction	10	10	3	3	4	5	4	1	4	4	3	3	54	...	...	...	...	...	...	...	...	...	...	...	...	...
Ratnagiri	...	1	3	1	2	1	2	...	...	...	3	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Karwar	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mangalore	...	...	...	...	1	1	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore Central	10	13	6	3	7	7	2	3	7	2	3	4	67	...	...	...	...	...	...	...	...	...	...	...	...	...
Group X.—Western Coast	32	37	19	17	21	30	24	14	27	27	25	30	303	4	1	1	1	3	4	2	5	5	10	3	1	40

JAILS AND ADMINISTRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bellary	8	5	3	4	3	1	4	3	6	14	5	2	58	...	...	...	...	...	...	...	1	...	...	...	...	1
Salem Central	1	1	...	1	2	1	4	...	3	1	...	3	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore Central	5	10	6	3	1	8	2	2	1	2	3	4	47	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Palamcottah	...	...	...	...	...	...	...	...	1	...	...	...	1	...	..	...	...	...	...	1	..	...	...	...	...	1
Madura	1	...	1	1	1	3	2	6	10	...	2	4	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly Central	13	4	5	6	4	7	5	2	6	7	3	3	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Tanjore	1	...	1	1	1	...	1	...	...	2	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddalore	...	...	...	...	...	1	3	1	...	1	...	1	7	...	..	...	...	..	...	...	...	...	...	...	...	...
Vellore Central	11	7	5	3	4	5	6	5	2	2	2	...	52	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Penitentiary, Central, natives	10	15	10	4	19	7	8	10	17	4	3	2	109	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras Penitentiary, Central, Europeans	1	...	...	...	...	2	1	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Nellore	1	...	...	...	2	1	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Guntur	...	...	...	...	1	1	...	1	...	...	1	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...
C																										
Rajamundry Central	37	22	25	12	12	6	12	12	8	14	9	11	180	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam	...	...	3	2	...	1	3	2	2	1	2	1	17	...	...	...	...	...	...	...	...	..	...	...	...	...
Berhampur	1	...	2	2	1	3	7	3	2	3	1	1	26	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA	90	64	61	39	51	47	58	47	58	51	31	34	631	...	...	...	...	...	...	1	1	...	...	...	...	2
Shillong	11	1	5	9	10	5	1	1	5	...	...	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling	4	2	...	1	3	3	2	2	3	...	1	5	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora	...	...	1	1	2	1	1	2	2	1	2	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Pauri	...	...	...	3	3	...	2	5	...	1	2	5	21	...	...	...	1	...	...	...	...	...	...	...	...	1
Simla	1	...	...	2	...	...	...	2	2	...	...	1	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmsala	...	...	...	...	5	2	1	1	...	2	1	2	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Abbottabad	1	3	1	3	2	2	2	...	3	1	1	2	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta	4	5	3	1	...	3	...	3	4	6	4	2	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara	1	3	1	1	1	2	1	...	...	..	1	...	11	1	1	1	...	...	...	...	...	...	...	...	...	3
Russellkonda	...	...	...	2	...	...	...	1	1	1	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILLS	22	14	11	23	26	18	10	17	20	12	12	18	203	1	1	1	1	...	...	...	...	...	...	...	...	4
INDIA*	2,436	2,051	2,933	3,040	3,298	3,540	4,172	4,184	3,494	3,278	3,014	2,336	37,776	37	27	37	33	81	114	91	87	77	70	41	39	734
ANDAMANS	679	781	1,067	1,258	1,702	1,825	1,724	1,030	930	989	884	665	13,534	7	8	2	6	32	66	43	22	14	22	8	7	237
BURMA	96	99	118	100	141	150	164	155	74	82	94	115	1,388	6	1	2	1	6	13	3	3	1	9	4	9	58
ASSAM	28	12	28	33	42	47	58	47	44	34	34	17	424	...	1	...	3	3	1	...	1	1	...	1	...	11
BENGAL	299	214	344	384	333	329	530	705	651	583	481	353	5,206	6	6	13	12	21	11	17	19	12	13	11	16	157
N.-W. P. AND OUDH	447	335	583	686	515	575	747	1,261	920	695	684	556	8,004	5	5	8	6	14	15	14	25	34	14	6	2	148
PUNJAB	505	296	457	389	323	365	607	727	583	627	626	447	5,952	2	1	5	1	...	2	8	4	...	...	3	1	27
BOMBAY	169	167	123	83	64	83	123	80	97	112	80	64	1,245	5	4	4	4	3	5	3	7	5	10	4	2	56
BERAR AND SECUNDERABAD	10	7	45	3	6	9	11	6	8	4	13	25	147	...	...	2	...	1	...	...	1	...	...	1	...	5
CENTRAL PROVINCES	96	55	97	57	111	95	145	119	117	92	77	52	1,113	5	...	...	...	1	1	1	3	10	2	2	1	26
MADRAS	100	77	67	44	59	55	60	51	66	54	35	39	707	...	...	...	...	...	...	1	1	...	...	...	...	2
NON-BRITISH JAILS—																										
Sadra	...	...	...	...	2	2	...	...	1	2	1	2	10	...	...	...	...	...	...	...	1	...	...	...	..	1
Kolhapur	2	1	...	...	1	...	...	3	2	...	2	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Savantvadi	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	1	...	...	...	...	...	...	...	...	...	1

* Including Ajmer, Quetta, and Mercara.

TABLE LI.

PNEUMONIA by months, jails, groups, and administrations.

Jails.*	Admissions from Pneumonia in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	8	2	6	3	3	4	3	4	12	8	9	5	67
Mergui	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy	...	...	...	...	...	...	...	...	...	...	...	...	...
Moulmein	...	1	...	...	...	...	...	2	...	...	...	...	3
Shwegyin	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo	...	...	2	1	2	1	1	...	1	...	1	...	9
Rangoon Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon Central, natives	2	2	...	1	...	1	...	1	1	...	...	1	9
Maubin	...	...	...	...	...	...	...	...	1	...	1	...	2
Bassein Central	...	...	...	...	1	...	...	...	...	...	...	2	3
Insein ,,	4	1	...	1	3	3	1	5	...	...	1	...	19
Henzada	...	...	...	...	...	...	...	...	...	...	...	...	...
Myanaung	...	...	...	...	...	...	...	...	...	...	...	...	...
Sandoway	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab	...	...	3	...	...	...	...	...	...	...	...	...	3
Group I.—Burma Coast and Bay Islands	14	6	11	6	9	9	5	12	15	8	12	8	115
Paungdi	...	...	...	...	...	...	...	...	...	...	...	1	1
Prome	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo Central	1	4	2	1	3	5	...	...	...	2	...	1	19
Taungdwingyi	...	...	...	...	...	...	...	...	...	...	...	...	...
Magwe	...	1	...	...	...	...	...	...	...	...	...	...	1
Minbu	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan	...	...	...	...	...	...	...	...	...	...	...	...	...
Pokokku	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan Central	...	...	1	...	...	2	1	1	...	2	...	3	10
Mandalay ,,	1	...	2	...	...	...	1	...	1	1	...	1	7
Monywa	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo	...	...	...	...	...	...	...	...	...	...	...	1	1
Bhamo	2	...	...	...	...	...	...	...	...	1	...	...	3
Katha	...	...	...	...	...	...	...	...	...	...	...	...	...
Kindat	...	...	...	...	1	...	...	...	...	...	...	...	1
Group II.—Burma Inland	4	5	5	1	4	7	2	1	1	6	...	7	43
Cachar	...	...	1	1	...	...	...	...	...	...	...	...	2
Sibsagar	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur	...	...	1	...	...	1	...	...	...	...	...	...	2
Nowgong	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati	...	1	1	...	...	...	2	1	...	...	1	...	6
Dhubri	...	...	...	1	...	...	...	...	...	...	...	...	1
Sylhet	...	...	...	...	...	...	...	...	...	...	...	...	...
Group III.—Assam	...	1	3	2	...	1	2	1	...	...	1	...	11
Mymensingh	2	1	...	...	...	...	1	...	...	1	...	...	5
Dacca Central	4	...	3	2	1	...	...	12	1	...	1	1	25
Tippera	...	...	...	...	...	...	...	1	1	...	...	...	2
Chittagong	...	1	...	...	...	...	...	...	...	...	...	...	1
Noakhali	...	...	...	...	...	...	...	...	...	...	...	...	...
Backergunge	...	1	...	...	...	...	...	...	...	...	...	...	1
Khulna	...	...	...	...	...	...	...	...	...	...	1	...	1
Jessore	1	3	1	...	1	1	1	...	...	...	1	2	11
Baraset	...	1	...	...	...	...	...	...	...	...	1	...	2
Presidency, Central, Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency, Central, natives	...	1	...	1	1	1	1	1	2	...	1	2	11
Alipore Central	2	5	6	1	4	...	...	...	...	1	4	1	24
Hooghly	2	...	...	...	...	...	...	...	...	...	...	...	2
Burdwan	...	...	...	...	...	...	...	...	...	...	...	...	...
Krishnagar	...	...	...	...	...	...	...	...	...	1	...	...	1
Faridpur	...	...	...	1	...	...	...	2	...	1	...	3	7
Pabna	...	2	...	...	...	...	...	...	...	...	...	...	2
Murshidabad	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi Central	5	...	1	3	1	2	1	...	1	2	2	2	20
Bogra	...	1	...	...	...	...	...	...	1	...	...	...	2
Malda	...	...	...	...	...	...	...	...	...	1	...	1	2
Dinajpur	...	...	...	1	...	...	...	...	...	...	...	...	1
Rangpur	...	...	...	...	1	...	...	...	...	...	...	...	1
Purneah	...	...	1	...	...	...	...	1	...	...	...	...	2
Naya Dumka	...	...	...	1	...	...	...	...	...	...	...	...	1
Suri	...	3	2	1	...	...	...	1	...	...	1	1	9
Bankura	...	...	...	...	...	...	4	2	...	...	1	2	9
Midnapore Central	4	1	1	...	...	1	1	...	...	3	1	2	14
Balasore	...	2	...	...	...	...	...	...	...	...	...	...	2
Cuttack	3	...	...	1	...	...	...	...	...	...	2	1	7
Puri	1	...	...	...	...	...	...	...	...	...	...	...	1
Angul	...	...	...	...	...	...	...	...	...	...	...	...	...
Group IV.—Bengal and Orissa	24	22	15	12	9	5	9	20	6	10	16	18	166

TABLE LII.

DYSENTERY by months, jails, groups, and administrations.

Jails.*	Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Port Blair	139	137	122	149	237	313	272	145	86	88	77	90	1,855
Mergui	...	...	1	...	...	...	...	...	...	1	...	1	3
Tavoy	...	...	...	...	...	...	...	...	...	...	2	...	2
Moulmein	21	9	4	11	19	20	17	25	34	48	46	27	281
Shwegyin	...	...	...	...	1	2	3	1	2	1	3	1	14
Toungoo	2	2	...	...	3	1	...	1	2	3	...	...	14
Rangoon Central, Europeans	...	...	...	...	...	...	1	...	...	1	...	1	3
Rangoon Central, natives	10	3	1	5	7	15	11	10	9	3	10	2	86
Maubin	...	1	...	...	2	1	1	...	...	1	1	3	10
Bassein Central	2	1	2	4	7	19	14	9	6	3	12	8	87
Insein ,,	9	8	11	11	16	11	25	23	19	9	9	13	164
Henzada	...	...	...	...	...	...	...	...	1	...	2	1	4
Myanaung	...	...	...	...	...	...	...	2	...	...	...	...	2
Sandoway	1	...	...	...	...	...	...	1	1	1	...	...	4
Kyaukpyu	...	1	...	...	1	3	1	...	...	...	...	1	7
Akyab	2	4	...	5	2	4	5	6	6	4	6	3	47
Group I.—Burma Coast and Bay Islands	186	166	141	185	295	389	350	223	166	163	168	151	2,583
Paungdi	...	...	...	...	...	1	2	...	...	...	...	...	3
Prome	...	...	...	...	1	...	1	...	...	...	...	1	3
Thayetmyo Central	3	...	...	1	3	4	1	...	...	...	1	...	13
Taungdwingyi	...	...	...	...	...	1	3	...	...	...	...	...	4
Magwe	...	...	...	...	...	1	...	...	...	...	...	...	1
Minbu	1	...	...	...	...	1	...	...	...	...	...	4	6
Meiktila	...	...	2	3	1	3	2	...	2	1	...	...	14
Pagan	...	...	...	...	...	...	...	...	...	1	...	...	1
Pokokku	1	...	...	2	1	1	...	...	...	1	...	...	6
Myingyan Central	1	2	1	1	3	1	1	...	2	5	7	2	26
Mandalay ,,	9	1	6	...	1	11	3	6	2	1	4	6	50
Monywa	1	...	...	...	...	1	...	...	...	...	1	1	4
Shwebo	...	...	...	...	...	...	1	...	...	...	...	...	1
Bhamo	1	...	1	2	7	9	12	4	11	9	4	8	68
Katha	1	...	...	...	...	1	...	...	...	1	2	1	6
Kindat	...	...	...	...	...	1	1	3	1	1	1	2	10
Group II.—Burma Inland	18	3	10	9	17	36	27	13	18	20	20	25	216
Cachar	1	1	1	...	...	1	...	1	1	3	2	1	12
Sibsagar	...	1	...	...	1	2	2	4	...	3	1	...	14
Dibrugarh	2	...	2	3	2	2	8	11	6	2	7	2	47
Tezpur	1	1	1	2	...	2	4	3	4	2	1	1	22
Nowgong	...	...	...	...	3	1	1	...	...	...	...	...	5
Gauhati	...	1	...	7	2	4	1	4	7	5	8	1	40
Dhubri	...	...	...	...	1	...	...	4	1	2	2	...	10
Sylhet	4	4	4	2	7	5	9	12	8	17	6	1	79
Group III.—Assam	8	8	8	14	16	17	25	39	27	34	27	6	229
Mymensingh	2	3	7	2	4	4	6	1	...	...	3	2	34
Dacca Central	19	16	34	34	33	31	38	30	16	18	43	39	351
Tippera	...	3	1	...	...	...	4	7	16	9	11	7	58
Chittagong	3	...	5	2	3	5	10	7	3	7	11	11	67
Noakhali	3	2	3	3	5	1	2	...	2	1	2	...	24
Backergunge	13	9	21	18	24	23	27	25	15	16	12	23	226
Khulna	...	...	1	1	2	...	...	...	...	2	...	...	6
Jessore	26	27	15	21	20	13	30	42	20	14	14	15	257
Baraset	2	1	1	...	3	1	2	2	4	8	6	9	39
Presidency, Central, Europeans	1	...	...	...	...	...	...	...	...	...	2	1	4
Presidency, Central, natives	14	11	10	2	5	4	19	13	14	14	18	50	174
Alipore Central	22	13	12	4	24	20	24	27	25	30	48	38	287
Hooghly	25	16	11	4	24	6	28	33	15	17	25	19	223
Burdwan	2	1	11	3	6	5	4	5	...	2	2	1	42
Krishnagar	2	...	...	2	2	...	4	4	8	5	...	5	32
Faridpur	8	6	10	20	5	12	10	...	4	11	12	23	121
Pabna	1	1	2	7	3	2	3	9	15	10	5	1	59
Murshidabad	3	1	3	3	1	2	1	4	12	9	5	2	46
Rajshahi Central	1	1	...	2	2	3	11	3	11	1	2	1	38
Bogra	4	3	1	8	2	2	1	...	...	3	...	3	27
Malda	...	...	2	...	...	...	1	1	3	...	2	2	11
Dinajpur	...	...	3	2	...	2	4	1	4	2	5	1	24
Rangpur	...	...	2	8	6	12	5	14	20	4	...	1	72
Purneah	4	2	1	2	6	...	...	4	...	...	...	2	21
Naya Dumka	...	...	...	...	...	1	...	...	...	...	...	...	1
Suri	4	6	5	1	8	1	10	16	14	9	6	12	92
Bankura	5	8	4	4	4	4	6	5	12	2	2	2	58
Midnapore Central	10	3	2	5	14	11	10	6	20	20	9	19	129
Balasore	1	1	1	2	2	3	2	...	...	...	...	...	12
Cuttack	7	5	5	6	2	5	12	8	2	2	2	...	56
Puri	...	1	...	...	...	...	...	...	...	...	...	...	1
Angul	...	...	...	...	...	1	...	...	...	...	...	...	1
Group IV.—Bengal and Orissa	182	140	173	166	210	174	274	267	255	216	247	289	2,593

* Jails where neither Pneumonia nor Dysentery occurred are not shown in these tables. For annual ratios see Table XLII.

Jails.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Chaibassa	...	...	...	...	...	1	...	1	1	...	5	2	10	...	1	6	10	7	12	9	12	8	8	13	5	91
Purulia	...	...	...	...	...	1	1	...	...	1	...	1	4	...	...	...	3	3	...	5	5	1	1	...	...	18
Ranchi	...	...	2	...	...	...	...	...	...	...	2	3	7	...	...	1	6	4	10	8	6	1	...	1	1	38
Palamau	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	1	1	6	1	13
Hazaribagh	5	3	...	5	3	2	3	2	2	4	1	1	31	3	1	12	11	17	15	14	9	9	5	10	10	116
B																										
Gaya	...	...	1	...	...	...	...	...	...	...	1	...	2	...	1	4	2	3	...	3	10	4	4	2	4	37
Bhagalpur Central	...	...	...	...	1	3	1	1	3	...	2	...	11	11	16	29	34	27	21	48	63	36	37	50	24	396
Monghyr	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	12	3	1	...	4	2	3	2	4	33
Darbhanga	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	5	5	8	5	13	30	23	21	9	7	127
Champarun	...	...	...	...	...	...	...	...	...	...	...	...	...	7	10	6	3	9	...	5	5	5	7	11	10	78
Muzaffarpur	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	1	3	3	7	8	3	3	2	36
Patna	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	4	3	4	5	...	3	3	27
Arrah	1	1	...	...	1	...	...	...	1	1	...	...	5	...	...	6	8	...	1	2	3	3	4	4	...	31
Chapra	...	...	1	...	...	...	...	...	1	1	...	...	3	2	...	5	10	7	3	14	9	25	22	9	6	112
Buxar Central	...	1	1	...	1	...	1	...	...	...	...	...	4	6	5	14	11	5	10	37	43	25	20	17	11	204
Korantadih	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	1	1	1	1	5	2	1	...	...	14
Ghazipur	2	...	...	...	...	...	...	...	...	...	3	3	8	1	...	...	1	...	...	...	4	3	2	2	1	14
Azamgarh	4	3	2	3	4	...	2	2	...	1	1	1	23	2	2	1	1	1	3	5	6	6	9	7	8	51
Kassia	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gorakhpur	3	5	...	3	...	..	1	...	1	1	...	...	14	...	...	...	4	1	...	3	2	3	...	3	2	18
Basti	1	1	...	1	...	...	...	...	...	...	...	...	3	6	6	8	10	3	...	5	5	...	3	3	3	52
Fyzabad	1	2	2	1	1	...	3	...	2	2	...	1	15	1	2	2	4	2	5	6	11	15	6	8	1	63
Sultanpur	1	1	...	2	...	...	1	1	...	...	2	1	9	1	1	1	2	...	...	...	...	2	...	...	3	10
Rai Bareli	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1	...	3
Partabgarh	...	...	1	...	...	...	...	1	1	1	...	...	4	1	...	1	...	1	...	1	3	3	...	...	1	11
Jaunpur	1	1	1	...	...	...	2	...	...	1	...	...	6	...	...	...	...	1	3	4	1	1	2	3	...	15
Benares Central	...	...	1	...	...	...	...	1	...	1	2	...	5	5	1	4	5	4	3	8	10	8	7	4	...	59
,, District	1	1	...	1	1	1	...	1	2	...	1	...	9	4	6	1	1	3	2	4	8	3	4	3	1	40
Mirzapur	6	1	1	...	1	1	...	...	1	1	...	...	12	...	1	...	2	2	2	2	5	1	3	3	1	22
Allahabad Central	...	1	2	1	...	1	...	1	1	2	3	1	13	4	1	1	3	1	1	7	20	12	12	2	4	68
,, District	...	1	4	8	14	3	2	3	...	7	9	...	51	2	5	1	5	1	...	1	1	2	3	2	7	30
Karwi	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1	...	2
Banda	1	2	1	...	...	...	...	1	...	...	...	...	5	1	2	...	1	2	...	3	2	...	3	2	4	20
Fatehpur	...	...	1	1	...	2	...	...	...	2	4	3	13	...	2	...	...	...	...	2	5	17	7	3	...	36
Hamirpur	...	1	...	1	...	1	...	...	...	3	1	2	9	4	...	1	...	...	1	1	1	2	1	...	1	12
Orai	...	1	...	1	1	1	...	...	...	1	1	1	7	1	1	1	...	...	1	1	...	2	...	...	...	7
Cawnpore	3	...	...	2	...	...	...	...	...	...	1	...	6	2	...	1	1	2	5	...	4	3	6	2	1	27
Unao	1	...	...	...	...	...	...	...	1	2	...	...	4	...	...	1	2	2	...	...	...	1	1	1	...	8
Lucknow Central	2	...	...	1	11	2	...	2	2	1	1	...	22	4	3	1	6	13	6	19	48	9	17	11	6	143
,, District	2	2	...	1	...	...	...	...	1	1	...	1	8	3	1	2	...	...	3	5	...	3	2	3	1	23
Barabanki	...	1	...	1	...	...	...	...	...	2	...	...	4	1	1	3	1	1	...	4	13	6	2	2	2	36
Gonda	1	1	4	2	...	...	...	1	1	1	3	1	15	...	3	3	...	1	1	...	5	6	2	7	2	30
Bahraich	...	...	...	...	...	...	...	1	...	...	...	2	3	1	4	1	2	...	3	6	7	1	2	1	3	31
Kheri	3	1	1	3	...	...	...	...	...	...	1	1	10	1	...	...	1	...	1	1	3	...	...	...	2	9
Sitapur	3	2	...	...	...	...	1	...	...	...	...	...	6	3	2	...	1	...	...	1	...	2	1	1	2	13
Hardoi	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	3	10	5	...	1	...	20
Etawah	1	4	...	...	...	...	...	...	...	...	...	1	6	...	...	1	2	1	...	2	2	2	4	2	3	19
Mainpuri	...	...	4	3	2	1	...	...	...	2	4	...	16	2	...	...	3	2	...	4	2	10	1	3	7	34
Etah	3	2	...	1	...	...	...	...	...	...	...	...	6	1	1	...	...	3	...	2	2	4	3	6	3	25
Fatehgarh Central	1	1	1	4	5	3	3	...	1	2	2	1	24	6	8	9	8	11	4	13	6	2	2	2	1	72
,, District	4	1	...	...	...	...	...	...	...	...	...	...	5	4	2	6	6	3	1	7	7	5	2	2	---	45
Group V.—Gangetic Plain and Chutia Nagpur	51	42	31	47	47	24	21	19	22	41	50	28	423	92	96	143	192	158	131	286	410	298	244	231	158	2,439
A																										
Shahjahanpur	...	1	2	...	...	...	...	...	...	...	...	1	4	1	3	9	4	7	2	1	7	1	2	5	2	44
Bareilly Central	1	9	1	9	2	...	1	1	4	1	6	2	37	3	1	...	3	...	...	1	1	...	2	...	...	11
,, District	7	7	4	1	...	7	5	3	2	...	...	5	41	5	13	14	3	6	6	10	12	12	10	13	6	110
Budaon	...	...	1	1	...	2	2	...	...	3	5	1	15	2	3	1	2	2	1	1	2	3	...	...	3	20
Aligarh	...	...	1	...	...	...	...	2	1	1	...	1	6	...	1	...	1	...	1	...	1	2	1	2	3	12
Bulandshahr	1	2	...	...	1	...	...	...	1	...	...	...	5	...	...	...	...	...	1	4	3	4	1	...	...	13
Moradabad	...	2	3	...	3	...	1	1	1	2	1	1	15	3	...	...	3	6	4	5	6	4	1	2	4	38
Bijnor	...	1	2	1	...	...	...	...	...	3	...	1	8	...	...	...	...	1	1	...	1	2	...	...	1	6
Dehra Dun	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1	2	2	...	...	6
Saharanpur	2	1	1	...	1	1	1	...	...	...	1	1	9	...	...	1	1	...	1	...	3	5	8	3	2	24
Muzaffarnagar	...	...	...	...	...	1	...	...	...	...	3	1	5	...	...	2	4	3	...	1	4	2	2	...	1	19
Meerut	1	1	...	...	1	1	...	...	...	...	...	...	4	6	2	2	...	3	...	...	1	4	...	1	2	21
Delhi	6	2	1	...	...	...	...	1	...	3	1	1	15	2	2	3	...	1	1	7	6	2	2	2	...	28
Rohtak	...	...	1	...	1	...	...	...	...	...	...	...	2	...	...	1	...	...	1	2	1	...	1	...	1	7
Hissar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	2
Karnal	1	...	...	...	...	...	1	1	1	2	1	1	8	...	...	...	...	1	...	1	...	1	3	...	1	7
Umballa	2	...	...	...	...	...	...	...	...	...	1	7	10	4	2	5	9	14	15	7	14	7	9	26	15	127
B																										
Ludhiana	1	...	...	1	...	...	...	1	...	...	...	1	4	1	1	...	...	1	...	2	3	1	2	...	...	11
Jullundur	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	2
Ferozepore	1	1	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	2	2	...	...	...	4
Amritsar	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	2	...	...	3	4	9
Lahore Central	5	1	3	2	2	2	...	...	...	2	2	8	27	20	...	2	2	10	5	2	15	31	21	17	14	139
,, District	4	1	1	...	1	...	...	...	...	...	...	...	7	3	3	1	1	1	2	2	...	9	1	1	2	26
,, Female	...	...	...	...	...	...	...	...	...	1	...	...	1	1	2	...	...	1	2	1	2	1	3	1	2	16
Gurdaspur	...	...	...	...	...	...	...	...	...	1	2	1	4	...	...	...	...	...	...	...	...	...	1	...	...	1
Gujranwala	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	1	...	...	1	...	...	2	..	9
Sialkot	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	1	1	1	...	1	...	...	5
Gujrat	...	...	...	...	...	2	1	...	...	...	1	...	4	...	...	...	...	...	...	...	4	1	...	1	...	6
MungRasul Central	9	4	3	10	...	1	10	6	3	4	3	15	68	4	3	7	8	17	10	14	7	4	12	16	13	115
Jhelum	3	...	...	...	...	...	...	2	...	1	...	1	7	1	2	...	...	1	...	1	1	3	3	1	...	13
Rawalpindi	3	...	...	1	...	...	...	...	...	1	...	...	5	18	13	10	18	13	9	7	7	4	5	14	18	136
Group VI.—Upper Sub-Himalaya	49	33	24	26	12	17	22	19	13	26	28	50	319	75	52	58	64	90	65	70	108	108	93	110	94	987

TABLE LI—*continued.*

PNEUMONIA by months, jails, groups, and administrations.

TABLE LII—*continued.*

DYSENTERY by months, jails, groups, and administrations.

Jails.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Peshawar	3	...	...	...	...	...	...	...	1	...	1	...	5	1	1	5	3	5	1	3	1	3	4	2	4	33
Kohat	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	2	1	1	...	...	7
Bannu	4	4	...	...	...	...	...	...	...	...	...	...	8	...	...	...	2	...	1	...	1	7	...	1	1	13
Shahpur	2	...	...	...	...	...	...	...	...	...	...	1	3	1	1	...	...	...	...	..	1	...	...	...	...	3
Jhang	2	3	2	...	...	3	1	...	...	...	2	...	13	5	8	4	3	3	3	3	1	6	2	3	1	42
Montgomery Central	4	1	4	...	...	...	1	...	2	...	3	8	23	5	8	9	4	6	3	...	2	2	1	2	6	48
Mooltan Central	2	2	3	4	3	3	1	2	...	3	2	2	27	6	2	6	2	3	4	5	7	13	4	2	2	56
„ District	2	...	2	2	1	3	1	...	1	2	1	3	18	...	...	3	3	6	5	3	9	5	11	1	1	47
Dera Ismail Khan	4	5	4	1	...	...	1	...	...	...	...	1	16	1	...	...	3	1	1	...	...	4	1	...	1	12
Dera Ghazi Khan	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	1	...	...	1	2	...	...	5
C																										
Shikarpur	3	6	6	9	...	...	...	2	3	8	5	...	42	...	...	1	5	3	2	3	1	1	3	2	1	22
Sind Gang	1	1	2	2	1	...	3	1	...	...	...	...	11	1	...	...	2	...	...	2	2	...	...	...	1	8
Hyderabad Central	...	1	4	1	...	...	...	...	...	...	...	1	7	1	1	2	4	5	1	5	1	1	...	3	5	29
Kurrachee	...	1	...	1	...	...	...	2	...	...	...	...	4	1	1	2	3	1	2	2	5	4	6	2	1	30
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA	27	24	27	20	5	9	9	7	7	13	14	16	178	23	22	32	34	34	25	27	33	48	35	18	24	355
A																										
Rajkot	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	2
Ahmedabad Central	...	2	2	7	5	4	1	...	1	3	2	6	33	7	5	13	2	4	2	10	6	12	7	1	9	78
B																										
Ajmer	...	...	...	2	...	...	1	...	1	2	2	3	11	...	...	1	...	...	...	1	...	...	...	2	1	5
Muttra	1	2	1	1	4	1	...	...	...	1	1	...	12	...	...	...	...	1	...	...	1	...	1	2	...	5
Agra Central	5	...	4	5	4	5	2	2	1	2	1	6	37	...	6	6	9	14	11	18	23	15	6	3	7	118
„ District	6	1	7	3	...	...	2	1	...	...	...	2	22	...	1	3	2	4	...	3	14	...	3	...	...	30
Jhansi	6	2	2	...	...	...	...	...	...	...	1	2	13	3	1	...	2	1	2	...	1	...	...	4	2	16
Lalitpur	...	2	...	...	1	...	2	...	...	...	...		5	...	...	1	...	...	...	...	...	1	1	1	...	4
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	18	9	16	18	14	10	8	3	3	8	7	19	133	11	13	24	15	24	15	32	45	28	18	13	20	258
A																										
Damoh	...	...	...	...	...	...	...	1	1	...	1	1	4	...	1	...	...	...	...	2	1	...	...	...	...	4
Saugor	...	...	...	...	1	1	...	...	2	...	1	...	5	...	...	1	2	3	...	2	4	1	...	...	1	14
Jubbulpore Central	5	5	3	...	1	3	2	3	3	...	1	2	28	9	5	10	14	11	21	72	25	9	6	10	2	194
Narsinghpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	4
Mandla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	...	1	1	7
Bilaspur	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	1	1	3	6	3	1	...	...	16
Sambalpur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	7	10	...	3	...	2	27
Raipur Central	2	4	2	...	...	1	...	...	...	...	1	...	10	2	1	2	3	2	6	10	8	4	4	5	...	47
Balaghat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	...	1	8	...	...	...	13
Seoni	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	1
Chhindwara	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1
Hoshangabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	5	2	1	...	...	13
Nimar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	3
Betul	...	...	...	...	...	...	1	...	...	1	...	...	2	3	...	1	...	...	...	4	3	...	...	1	...	12
Nagpur Central	1	...	...	1	...	...	1	...	...	1	...	1	5	1	1	...	...	...	1	1	5	...	1	...	...	10
Bhandara	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	1	2	1	...	...	...	4
Wardha	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	1	2	...	1	...	...	7
Chanda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
B																										
Secunderabad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	3
Amraoti Central	...	1	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	2	...	...	...	...	2
Ellichpur	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	3
Akola Central	...	...	1	...	1	2	...	...	...	...	...	...	4	1	2	...	1	3	2	7	3	1	...	...	...	20
Basim	1	...	...	...	...	1	...	...	...	...	2	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Buldana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Dhulia	...	...	...	...	...	...	...	...	...	...	1	1	2	...	3	1	...	1	1	7	4	4	2	5	3	31
Yerrowda Central	3	3	4	1	...	...	2	...	1	...	1	...	15	2	...	2	1	3	5	7	3	6	1	1	1	32
Bijapur	1	...	1	...	...	...	...	...	...	...	...	3	5	2	2	...	2	3	1	...	...	1	...	...	3	14
Deccan Gang	3	...	1	1	...	...	...	...	...	1	1	...	7	2	...	2	1	1	1	5	8	4	7	1	3	35
Dharwar	1	...	1	...	1	...	...	...	...	5	3	...	11	...	1	...	...	2	...	4	2	...	2	3	1	15
GROUP IX.—DECCAN	17	14	13	3	4	8	6	4	7	11	15	8	110	24	19	19	25	38	47	139	102	44	30	29	18	534
Thana	...	...	...	...	...	1	2	1	4	1	1	1	11	1	3	1	...	1	3	16	22	6	4	7	5	69
Bombay Common	1	...	...	...	1	...	...	...	1	...	...	...	3	...	...	...	1	1	5	...	...	...	1	...	...	8
„ House of Correction	1	1	...	...	...	2	...	...	...	...	...	...	4	1	...	6	...	2	...	2	1	...	...	...	2	14
Ratnagiri	...	...	...	...	...	...	...	...	...	...	...	...	...	..	2	1	...	1	1	...	...	...	...	...	...	5
Karwar	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	1	2	2	1	...	1	8
Mangalore	...	...	..	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	6	5	6	4	8	1	...	30
Cannanore Central	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	1	...	...	2	4	2	1	13
GROUP X.—WESTERN COAST	2	1	1	...	1	3	2	2	5	1	1	2	21	2	6	10	1	6	16	24	31	14	18	10	9	147

Jails and Administrations.	Admissions from Pneumonia in each month.													Admissions from Dysentery in each month.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A																										
Bellary	...	...	...	2	...	...	...	...	...	...	1	...	3	12	5	1	...	3	3	4	3	2	8	3	2	46
Salem Central	1	...	1	1	...	..	...	...	...	...	...	...	3	2	3	1	1	4	2	1	...	2	1	3	2	22
Coimbatore Central	...	1	1	...	1	1	1	1	...	...	...	...	6	1	2	3	5	2	1	3	1	4	6	1	...	29
B																										
Palamcottah	...	...	...	...	...	...	1	...	...	...	...	1	2	...	2	...	...	...	...	5	4	2	2	5	23	43
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...	5	4	2	3	2	3	...	1	2	...	9	1	32
Trichinopoly Central	...	...	...	...	...	...	...	...	...	...	1	...	1	...	3	2	3	7	1	...	...	...	1	...	...	17
Tanjore	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	1	1	...	...	3
Cuddalore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	3	6	3	3	7	5	29
Vellore Central	1	...	1	...	...	1	...	...	3	1	1	...	8	5	4	3	1	6	10	5	5	1	6	5	2	53
Madras Penitentiary, Central, natives	...	1	1	...	1	...	...	1	...	4	...	4	12	11	7	4	2	2	...	1	1	1	2	2	1	34
Nellore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	1	...	...	...	4
Guntur	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	1	...	2	1	...	...	...	6
C																										
Rajamundry Central	...	1	...	1	...	...	...	...	...	...	...	1	3	1	1	6	2	4	1	7	3	5	1	2	2	35
Vizagapatam	...	...	1	...	2	...	4	...	3	1	...	...	11	1	...	...	...	2	1	3	1	1	1	1	1	12
Berhampur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	2	2	...	...	1	10
Group XI.—Southern India	2	3	5	4	4	2	6	2	6	6	4	7	51	39	31	22	19	37	23	37	29	28	32	38	40	375
Shillong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	6
Darjeeling	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	9	...	7	3	4	26
Almora	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	3
Pauri	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	1	2	1	1	2	1	4	16
Simla	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Dharmsala	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	2	...	...	2	...	...	...	6
Abbottabad	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	1	...	...	...	3
Quetta	3	1	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	1	1
Mercara	1	2	1	1	..	1	...	...	1	...	...	1	8	...	1	1	...	1	3	1	2	1	...	...	1	11
Russellkonda	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	2	4
Group XII.—Hills	5	3	1	2	...	1	...	...	1	1	...	1	15	3	4	2	2	8	9	6	12	6	9	4	12	77
INDIA*	213	163	152	141	109	96	92	90	86	131	148	164	1,585	663	560	642	726	933	947	1,297	1,312	1,040	912	915	846	10,793
Andamans	8	2	6	3	3	4	3	4	12	8	9	5	67	139	137	122	149	237	313	272	145	86	88	77	90	1,855
Burma	10	9	10	4	10	12	4	9	4	6	3	10	91	65	32	29	45	75	112	105	91	98	95	111	86	944
Assam	...	1	3	2	...	1	2	1	...	...	1	...	11	8	8	8	14	19	19	26	39	27	34	27	6	235
Bengal	30	27	20	17	15	12	15	24	14	17	27	26	244	214	178	266	285	306	259	440	487	411	359	390	381	3,976
N.-W. Provinces and Oudh	76	68	55	63	58	35	31	25	24	47	58	44	584	86	91	89	108	113	78	167	281	200	150	128	107	1,598
Punjab	60	24	24	21	8	14	18	14	8	22	21	51	285	75	50	56	64	88	70	63	90	112	90	95	86	939
Bombay	14	15	21	22	8	7	8	7	10	18	14	12	156	19	18	32	21	28	24	64	57	41	34	25	37	400
Berar and Secunderabad	1	1	1	...	1	3	...	...	...	...	3	...	10	2	2	...	1	5	3	9	6	1	...	...	...	29
Central Provinces	8	10	5	1	2	5	4	4	6	5	6	4	60	16	11	14	20	23	36	107	79	28	18	19	7	378
Madras	2	3	6	5	4	2	6	2	6	6	4	8	54	39	32	24	19	38	30	42	35	35	44	41	43	422
Non-British Jails—																										
Sadra	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kolhapur	...	...	4	2	...	1	...	4	...	...	1	2	14	3	2	2	...	1	1	5	1	...	...	...	...	15
Savantvadi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2

* Including Ajmere, Quetta, and Mercara.

IV.—TROOPS AND PRISONERS, 1899.

TABLE LIII.

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA. Present . 127,019 Enrolled . 146,524			JAIL POPULATION OF INDIA, 110,016.	
	MEN, 67,697.				WOMEN, 3,093.		CHILDREN, 5,500.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Small-pox	14	1·48	1	...	8	...	1	...	45	2	...	22	5
Cow-pox	1	·02	...	...	...	...	2	...	7	...	...	44	...
Chicken-pox	5	·23	...	...	2	...	10	...	189	...	1	184	...
Measles	11	·58	...	...	5	...	333	8	269	3	...	33	...
Rubella	21	1·58	...	...	2	...	20	2	17	...	...	1	...
Scarlet fever	83	9·79	6	...	2	...	13	...	...	...	...	...	...
Plague	7	·61	2	...	3	1	4	...	71*	45	...	5	2
Relapsing fever	...	...	...	...	...	...	...	...	5	...	...	252	38
Dengue	4	·12	...	...	...	...	...	...	...	...	...	...	...
Influenza	674	21·68	1	...	9	...	22	1	1,591	13	...	1,622	20
Whooping cough	...	...	...	...	...	...	53	1	1	...	...	...	...
Mumps	13	·66	...	...	1	...	7	...	661	...	...	1,106	...
Diphtheria	...	...	...	...	...	...	5	2	1	...	...	...	...
Cerebro-spinal fever	...	...	...	...	...	...	...	...	12	11	...	29	24
Simple continued fever	2,167	99·98	1	5	41	...	99	3	505	5	...	2,263	4
Enteric fever	1,392	213·20	348	53	18	7	27	2	18	3	...	21	12
Mediterranean fever	1	·30	...	1	...	...	...	...	1	...	...	...	...
Cholera	1	·01	1	...	...	...	...	...	121	65	...	84	54
Choleraic diarrhœa	...	...	...	...	...	...	...	...	3	3	...	17	8
Epidemic diarrhœa	...	...	...	...	...	...	...	...	3	...	...	8	...
Dysentery	1,720	119·36	44	97	64	3	71	7	4,867	45	11	10,793	602
Beri-beri	1	·01	1	...	...	...	...	...	202	13	9	18	2
Ague	15,923	584·41	19	229	353	4	494	10	33,314	87	89	37,776	83
Remittent fever	656	51·16	11	17	28	4	41	2	2,161	147	3	734	90
Sloughing phagedæna	...	...	...	...	...	...	...	...	2	...	...	1	...
Erysipelas	105	7·55	...	...	5	...	3	1	36	5	...	88	12
Pyæmia	4	·13	3	...	...	...	...	...	3	2	...	3	3
Septicæmia	3	·04	3	...	...	...	...	...	2	1	...	3	2
Puerperal septicæmia	...	...	...	...	5	3	...	...	...	...	...	2	1
Tetanus	2	·18	2	...	...	...	...	...	3	2	...	12	11
Tubercle, general	...	...	...	...	...	...	...	...	...	...	...	2	...
„ of meninges	...	...	...	...	...	...	...	...	2	2	...	2	2
„ of the brain	...	...	...	...	...	...	1	...	...	...	...	...	...
„ of the brain and intestines	1	·03	1	...	...	...	...	...	...	...	...	...	...
„ of iris	...	...	...	...	...	...	...	...	2	...	...	...	...
„ of larynx	...	...	...	...	...	...	...	...	1	...	...	...	...
„ of lung	211	39·28	38	72	7	1	2	...	440	87	71	873	385
„ of lung, pleura, and intestines	...	...	...	...	...	...	...	...	...	...	...	10	5
„ of lung, pleura, and glands	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of intestines	2	·70	2	...	...	...	8	4	...	...	...	24	11
„ of rectum	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of peritonæum	...	...	...	...	...	...	1	...	2	2	...	5	5
„ of lymphatic glands	16	4·24	...	6	...	...	4	...	33	1	8	29	1
„ of kidney	...	...	...	...	...	...	...	...	...	...	...	1	1
„ of testicles	4	1·39	...	2	...	...	...	...	1	...	...	...	...
„ of bones	1	·06	...	...	...	...	...	...	1	...	...	...	...
„ of joints	4	·42	...	2	...	...	1	...	2	...	...	2	...
„ of skin	2	·78	...	2	...	...	...	...	...	...	...	2	...
Leprosy	1	·15	...	...	...	...	...	...	18	...	11	141	11
Yaws	...	...	...	...	...	...	...	...	...	...	...	1	...
Syphilis, primary	3,884	381·39	...	6	...	...	...	...	966	1	4	470	...
„ secondary	4,866	510·63	13	417	5	...	...	...	1,269	7	120	1,355	17
„ inherited	...	...	...	...	...	...	5	1	...	...	...	...	...
Gonorrhœa	8,196	635·14	...	18	...	...	...	...	1,620	3	9	458	...
Hydrophobia	1	·01	1	...	...	...	...	...	2	2	...	...	...
Anthrax	1	·02	1	...	...	...	...	...	1	1	...	...	...
Animal parasites, not defined	...	...	...	...	...	...	...	...	1	...	...	...	...
Bothriocephalus latus	...	...	...	...	...	...	...	...	...	...	...	5	...
Tænia solium	183	6·78	...	...	8	...	19	...	19	...	...	60	...
„ mediocanellata	7	·16	...	...	1	...	1	...	3	...	...	3	...
Ascaris lumbricoides	1	·02	...	...	...	...	17	...	10	...	...	60	...
Guinea-worm	...	...	...	...	...	...	...	...	700	1	3	468	1
Filaria sanguinis hominis	...	...	...	...	...	...	...	...	1	...	...	3	...
Strongylus duodenalis	2	·32	...	1	...	...	...	...	...	...	...	6	...
Thread-worm	...	...	...	...	...	...	3	...	2	...	...	4	...
Musca domestica	2	·09	...	...	...	...	...	...	1	...	...	2	...
Helophilus pendulus	1	·04	...	...	...	...	...	...	...	...	...	...	...
Phthirius inguinalis	6	·83	...	...	...	...	...	...	...	...	...	1	...
Reduvius serratus	1	·04	...	...	...	...	...	...	...	...	...	...	...
Pulex irritans	...	...	...	...	...	...	...	...	1	...	...	...	...
Culex anxifer	3	·08	...	...	...	...	...	...	3	...	...	...	...
Scabies	153	7·67	...	...	...	...	4	...	429	...	...	643	...
Mycetoma	...	...	...	...	...	...	...	...	...	...	...	1	...
Tinea favosa	1	·13	...	...	...	...	...	...	39	...	...	35	...
Ringworm	366	13·26	...	...	...	...	13	...	762	...	...	248	...
Tineal versicolor	5	·14	...	...	...	...	...	...	2	...	...	1	...
Oidium albicans	...	...	...	...	...	...	1	...	...	...	...	2	...
Surfeit	...	...	...	...	...	...	...	...		...	...	1	...
Scurvy	14	·84	...	...	...	...	1	...	298	6	7	117	13
Alcoholism	203	7·89	6	...	4	...	...	...	5	1	1	...	...
Delirium tremens	5	·25	...	...	...	...	...	...	1	1	...	1	...
Rheumatic fever	101	14·06	1	11	4	...	...	...	59	1	1	15	5
Rheumatism	1,686	119·02	1	48	25	...	6	...	2,102	1	201	1,213	6
Gout	8	·51	...	...	...	...	...	...	5	...	...	7	...
Osteoarthritis	3	·22	...	1	...	...	...	...	10	...	1	1	...
Cyst	22	1·38	...	...	...	...	...	...	18	...	1	15	1
New growth, non-malignant, not defined	2	·01	1	...	...	...	...	...	15	...	1	17	...
Pterygium	4	·26	...	...	...	...	...	...	7	...	1	4	...
Lipoma	4	·58	...	...	...	...	...	...	5	...	1	11	...
Fibroma	11	·62	...	...	2	...	...	...	12	...	2	11	1
Chondroma	3	·16	...	1	...	...	...	...	2	...	...	...	...
Osteoma	3	·39	...	1	...	...	...	...	1	...	...	...	...
Myxoma	4	·40	...	...	...	...	...	...	2	...	...	5	...
Myoma	...	...	...	...	1	...	1	...	...	...	...	1	1
Neuroma	2	·24	...	...	...	...	...	...	...	...	...	...	...
Lymphadenoma	2	·11	...	...	...	...	...	...	3	...	...	...	...
Papilloma	5	·39	...	...	...	...	...	...	3	...	...	3	...
Warts	270	17·95	...	...	...	...	...	...	3	...	...	5	...
Columnar papilloma	1	·01	...	...	...	...	...	...	...	...	...	...	...
Adenoma	2	·17	...	...	...	...	...	...	...	...	...	...	...
Malignant new growth, not defined	...	...	...	...	...	...	...	...	3	2	...	7	3

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* 73 in the weekly returns.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Sarcoma	5	·81	2	1	1	...	1	1	1	...	...	1	1
Carcinoma	...	...	...	...	1	...	...	...	3	...	...	8	6
Glandular carcinoma	1	·44	1	...	...	...	...	...	...	...	...	...	...
Encephaloid ,,	1	·02	1	...	...	...	...	...	...	...	...	...	...
Scirrhus	1	·12	1	...	...	...	...	...	...	...	...	1	1
Epithelioma	...	...	...	...	...	...	...	...	1	...	1	2	1
Columnar carcinoma	...	...	...	...	...	...	...	...	1	1	...	...	...
Rickets	...	...	...	...	...	...	5	2	...	...	...	...	...
Myxœdema	1	...	1	...	...	...	...	...	...	...	1	1	...
Anæmia	133	11·02	...	15	32	...	14	...	315	5	7	764	56
Chlorosis	...	...	...	...	1	...	...	...	...	...	...	...	...
Idiopathic anæmia	...	·02	1	...	...	...	...	...	2	1	...	2	2
Purpura	1	·01	...	...	...	...	...	...	2	1	...	...	...
Leucocythæmia	1	·04	1	...	...	...	...	...	1	...	...	1	...
Hodgkin's disease	1	·46	...	1	...	...	...	...	...	1	...	1	...
Hæmophilia	2	·07	...	...	...	...	...	...	1	...	...	...	...
Diabetes mellitus	5	·86	2	1	...	...	2	...	7	1	...	20	6
,, insipidus	10	1·20	...	3	...	...	...	...	1	...	1	5	...
Immaturity at birth	...	...	...	...	...	...	13	14	...	...	...	...	...
Congenital malformation, not defined	...	...	...	...	...	...	...	...	...	...	...	1	...
Malformation of skull	...	...	...	...	...	...	1	1	...	...	...	...	...
Fissure of skull	1	·16	...	...	...	...	...	...	...	...	...	...	...
,, of upper lip	...	...	...	...	...	...	1	...	...	...	...	...	...
Harelip	...	...	...	...	...	...	...	...	...	...	...	2	...
Hypospadiac fissure of the urethra	1	·10	...	...	...	...	...	...	...	...	...	...	...
Congenital phimosis	3	·24	...	...	...	...	...	...	2	...	...	...	...
Testicle absent	1	·06	...	...	...	...	...	...	1	...	...	...	...
Congenital dislocation of elbowjoint	...	...	...	...	...	...	...	...	...	...	2	...	...
Toes webbed	1	·07	...	...	...	...	...	...	...	...	...	...	...
Debility	1,363	92·35	...	196	761	...	211	13	1,345	16	437	947	31
Old age	...	...	...	...	...	...	...	...	...	...	3	75	15
Neuritis	4	·13	...	...	...	...	...	...	15	...	1	5	...
Multiple neuritis	7	·75	...	4	1	...	...	...	23	...	2	1	1
Secondary degeneration of the nerves	...	...	...	...	...	...	...	...	2	...	3	...	...
Spinal meningitis	...	...	...	...	...	...	...	...	1	1	...	2	1
Pachymeningitis (spinal)	...	...	...	...	...	...	...	...	...	...	...	1	1
Leptomeningitis (spinal)	...	...	...	...	...	...	...	...	...	...	...	1	1
Myelitis	4	·51	...	1	1	...	...	...	4	2	1	3	1
Anterior poliomyelitis	...	...	...	...	...	...	2	1	3	...	...	1	...
Hæmatomyelia	...	...	...	...	...	...	...	...	...	...	...	1	1
Progressive muscular atrophy	...	...	...	...	...	...	...	...	3	...	3	7	...
Primary lateral sclerosis	1	·26	...	2	...	...	...	...	3	...	...	2	...
Secondary ,, ,,	2	·83	...	2	...	...	...	...	...	...	...	...	...
Posterior sclerosis	8	1·15	...	4	...	...	...	...	2	...	1	8	2
Postero-lateral sclerosis	...	...	...	...	...	...	...	...	2	...	...	...	...
Disseminated sclerosis	1	·26	...	...	...	...	...	...	...	...	...	1	...
Acute ascending paralysis	1	...	1	...	...	...	...	...	2	2	...	1	1
Cerebral meningitis	1	·01	1	...	...	...	3	2	10	12	...	8	7
Pachymeningitis (cerebral)	3	·18	1	2	1	...	2	2	...	...	...	...	...
Leptomeningitis (,,)	4	·23	5	...	...	...	1	1	2	...	...	2	2
Hæmorrhage into the membranes of the brain	1	·01	1	...	...	...	...	...	2	...	...	...	...
External hydrocephalus	...	...	...	...	...	...	...	...	...	...	...	1	...
Encephalitis	...	...	...	...	...	...	1	1	1	1	...	1	1
Abscess of the brain	4	·08	4	...	...	...	...	...	1	1	...	7	7
Sclerosis	...	...	...	...	...	...	...	...	1	...	...	3	1
Softening of the brain	...	...	...	...	...	...	...	...	...	...	...	1	1
Sanguineous apoplexy	1	...	2	...	...	...	...	...	6	6	1	6	5
Congestion of the brain	3	·39	...	1	...	...	...	...	...	...	...	2	2
Anæmia ,, ,,	...	...	...	...	...	...	...	...	1	1	...	...	...
Internal hydrocephalus	...	...	...	...	...	...	1	1	...	...	...	...	1
Apoplexy	1	·15	...	...	...	...	...	...	2	2	...	4	3
Paralysis	...	...	...	...	...	...	...	...	6	...	1	6	...
Paraplegia	6	·89	...	2	...	...	...	...	9	2	2	17	1
Hemiplegia	9	1·25	...	6	...	...	...	...	18	2	6	22	1
Monoplegia	...	...	...	...	...	...	...	...	4	...	...	...	...
Local paralysis	10	·75	...	1	...	...	...	...	37	...	4	11	...
Incomplete paralysis	2	·38	...	1	...	...	...	...	5	...	1	5	...
Paralysis from plague	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ,, ague	1	·17	...	...	...	...	...	...	...	...	...	...	...
,, ,, heat apoplexy	2	·14	...	1	...	...	...	...	...	...	...	...	...
Paralysis agitans	...	...	...	...	...	...	...	...	...	...	...	3	...
Chorea	3	·18	...	1	...	...	2	...	3	...	1	4	...
Cramp	...	...	...	...	...	...	...	...	1	...	...	1	...
Wry-neck	2	·02	...	1	...	...	...	...	13	...	1	2	...
,, spasmodic	...	...	...	...	...	...	1	...	...	...	...	...	...
Facial spasm	...	...	...	...	...	...	...	...	1	...	...	5	...
Infantile convulsions	...	...	...	...	...	...	31	20	...	...	...	...	...
Puerperal ,,	...	...	...	...	1	1	...	...	...	...	...	...	...
Epilepsy	86	10·25	1	34	5	...	4	1	63	4	20	141	7
Laryngismus stridulus	...	...	...	...	...	...	7	3	...	...	...	...	...
Tetany	...	...	...	...	...	...	...	...	2	1	...	1	...
Vertigo	12	·40	...	2	...	...	...	...	11	...	1	7	...
Headache	19	·75	...	...	...	...	...	...	31	...	1	...	...
Megrim	...	...	...	...	2	...	...	...	14	...	...	69	...
Hyperæsthesia	...	...	...	...	...	...	...	...	1	...	...	...	...
Anæsthesia	1	·01	...	...	...	...	...	...	5	...	1	1	...
Neuralgia	262	13·40	...	7	17	...	...	...	298	...	15	196	...
Hysteria	11	·60	...	1	6	...	...	...	3	...	...	9	...
Catalepsy	...	...	...	...	...	...	...	...	...	...	...	1	...
Somnambulism	1	·05	...	...	...	...	...	...	...	...	...	...	...
Aphasia	...	...	...	...	...	...	...	...	2	...	...	...	...
Stammering	...	...	...	...	...	...	...	...	1	...	...	...	...
Hiccough	...	...	...	...	...	...	...	...	5	...	...	1	...
Nervous weakness	2	·07	...	...	...	...	...	...	...	...	...	1	...
Idiocy	1	·70	...	...	...	...	...	...	...	...	...	1	...
Mania	19	4·70	1	14	...	...	...	...	20	...	2	56	2
,, puerperal	...	...	...	...	2	1	...	...	...	...	...	...	...
Melancholia	38	11·82	1	35	...	...	...	...	9	...	7	20	...
,, puerperal	...	...	...	...	1	...	...	...	...	...	...	...	...
Dementia	20	6·66	...	21	...	...	...	...	10	...	1	8	...
Mental stupor	1	·85	...	3	...	...	...	...	...	...	...	...	...
General paralysis of the insane	...	·38	...	2	...	...	...	...	...	...	...	1	...
Delusional insanity	15	2·39	...	7	...	...	...	...	4	1	...	1	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Conjunctivitis	5	·15	...	...	1	...	3	...	537	...	...	2,108	...
„ catarrhal	430	21·88	...	2	19	...	122	...	1,554	...	5	...	...
„ purulent	3	·77	...	1	...	...	4	...	11	...	...	4	...
„ granular	8	·58	...	2	...	...	1	...	52	...	5	116	...
Ecchymosis	...	...	...	...	...	...	...	...	2	...	...	1	...
Œdema of the conjunctiva	...	...	...	...	...	...	...	...	2	...	...	...	...
Chemosis	...	...	...	...	...	...	...	...	...	...	...	1	...
Keratitis	21	2·27	...	1	...	...	...	...	56	...	5	40	...
Ulcerative keratitis	36	4·07	...	5	...	...	1	...	194	...	4	247	...
Gangrene of the cornea	...	...	...	...	...	...	...	...	...	...	...	1	...
Degeneration „	...	...	...	...	...	...	...	...	2	...	1	...	...
Opacity „	2	·07	...	...	...	...	...	...	11	...	2	4	...
Scleritis	1	·07	...	...	...	...	...	...	...	...	...	1	...
Staphyloma of the sclerotic	...	...	...	...	...	...	...	...	1	...	...	1	...
Iritis	51	4·67	...	1	2	...	...	...	70	...	3	24	...
Synechia	...	...	...	...	...	...	...	...	1	...	...	...	...
Mydriasis	...	...	...	...	...	...	...	...	1	...	...	...	...
Choroiditis	1	·10	...	2	...	...	...	...	3	...	1	1	...
Atrophy of the choroid	...	...	...	...	...	...	...	...	...	...	...	1	...
Glaucoma	3	·22	...	...	1	...	...	...	3	...	1	2	...
Hæmorrhagic glaucoma	1	·08	...	...	...	...	...	...	...	...	...	...	...
Optic neuritis	3	·29	...	2	...	...	...	...	1	...	...	...	...
Atrophy and degeneration of optic nerve	1	·09	...	1	...	...	...	...	...	...	2	...	...
Retinitis	8	1·34	...	...	...	...	...	...	6	...	2	...	...
Hæmorrhage into retina	...	·29	...	2	...	...	...	...	...	...	...	...	...
Degeneration of retina	...	...	...	...	...	...	...	...	1	...	2	...	...
Detachment of retina	3	·30	...	3	...	...	...	...	...	...	...	...	...
Lenticular cataract	8	·98	...	5	...	...	...	...	14	...	13	30	...
Capsular cataract	...	...	...	...	...	...	...	...	...	...	...	1	...
Dislocation of lens	...	...	...	...	...	...	...	...	1	...	...	...	...
Opacities of the vitreous humour	1	·11	...	...	...	...	...	...	...	...	...	...	...
Panophthalmitis	...	...	...	...	...	...	...	...	...	...	...	1	...
Amblyopia and amaurosis	4	·51	...	2	...	...	...	...	17	...	11	...	...
Functional night-blindness	2	·29	...	2	...	...	...	...	12	...	2	...	...
Day-blindness	1	·06	...	...	...	...	...	...	...	...	...	3	...
Muscæ volitantes	1	·02	...	...	...	...	...	...	...	...	...	...	...
Sympathetic irritation	1	·03	...	...	...	...	...	...	...	...	...	...	...
Ametropia	...	...	...	...	...	...	...	...	1	...	...	...	...
Myopia	16	1·89	...	7	...	...	...	...	16	...	4	...	...
Hypermetropia	9	·84	...	2	...	...	...	...	6	...	4	...	...
Astigmatism	7	·47	...	3	...	...	...	...	2	...	...	...	...
Presbyopia	...	...	...	...	...	...	...	...	...	...	2	...	...
Asthenopia	4	·86	...	1	...	...	...	...	2	...	...	...	...
Diplopia	1	·02	...	...	...	...	...	...	...	...	...	...	...
Squint	4	·14	...	1	...	...	3	...	1	...	...	...	...
Nystagmus	3	·04	...	1	...	...	...	...	...	...	...	...	...
Abscess of lacrymal gland	...	...	...	...	...	...	...	...	...	...	...	2	...
Chronic dacryo-cystitis	4	·48	...	1	...	...	...	...	2	...	...	...	...
Abscess of lacrymal sac	5	·18	...	...	...	...	...	...	4	...	...	5	...
Fistula of „ „	1	·02	...	...	...	...	...	...	...	...	...	4	...
Obstruction of nasal duct	3	·10	...	...	...	...	...	...	...	...	..	1	...
Blepharitis marginalis	19	1·21	...	1	...	...	...	...	3	...	...	12	...
Stye	20	·32	...	...	1	...	...	...	71	...	...	3	...
Abscess of the eyelids	2	·24	...	...	...	...	...	...	3	...	...	3	...
Ecchymosis „	...	...	...	...	...	...	...	...	1	...	...	...	...
Trichiasis	...	...	...	...	...	...	...	...	...	...	...	9	...
Entropion	1	·01	...	1	...	...	...	...	...	...	...	5	...
Œdema of eyelids	1	·01	...	...	...	...	...	...	3	...	...	1	...
Ptosis	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the external ear	688	33·53	...	7	9	...	12	...	325	...	...	363	...
Abscess „ „ „	48	1·48	...	...	...	...	...	...	14	...	...	28	...
Caries	...	...	...	...	...	...	...	...	1	...	...	...	...
Accumulation in the external meatus of wax and epidermis	5	·12	...	...	...	...	...	...	2	...	...	1	...
Inflammation of the middle ear	52	4·92	...	9	...	...	...	...	43	...	1	34	...
Abscess „ „ „	42	3·03	...	2	...	...	2	...	6	...	1	5	...
Ulceration of the membrana tympani	1	·14	...	...	...	...	...	...	5	...	...	5	...
Perforation „ „	91	7·06	...	35	...	...	...	...	12	...	4	2	...
Ankylosis of ossicles	...	...	...	...	...	...	...	...	1	...	1	...	...
Obstruction of Eustachian tube	1	·16	...	...	..	...	...	...	...	...	...	...	...
Deafness	30	2·87	...	16	...	...	...	...	29	...	13	1	...
Rhinitis	6	·33	...	...	...	...	...	...	2	...	...	15	...
Coryza	7	·20	...	...	...	...	1	...	6	...	...	14	...
Ozæna	6	·22	...	1	...	...	...	...	2	...	...	23	1
Necrosis and caries of bones of nose	...	...	...	...	1	...	...	...	1	...	...	...	...
Abscess of septum	2	·09	...	...	...	...	...	...	...	...	...	...	...
Epistaxis	17	·70	...	...	...	...	1	...	5	...	...	65	...
Inflammation of the accessory sinuses	1	·08	...	...	...	...	...	...	3	...	...	...	...
Inflammation of naso-pharynx	...	...	...	...	...	...	...	...	...	...	...	1	...
Pericarditis	5	·59	...	...	...	...	...	...	5	4	...	9	11
Hydropericardium	...	...	...	...	...	...	...	...	...	...	...	3	3
Endocarditis	3	·11	2	1	...	...	1	1	2	...	...	...	...
Valvular disease of the heart	146	19·29	9	88	8	4	1	...	67	10	25	107	41
Degeneration of the muscular substance of the heart	1	...	1	...	...	...	...	...	...	...	4	...	...
Fatty degeneration of the muscular substance of the heart	8	·36	7	1	2	1	...	...	4	4	...	11	10
Atrophy of the heart	...	...	...	...	...	...	...	...	...	...	1	1	1
Hypertrophy of the heart	5	·49	...	1	...	...	...	...	7	...	4	1	1
Dilatation of the heart	5	·06	3	...	...	...	...	...	5	1	2	7	2
Aneurysm of the heart	1	·03	1	...	...	...	...	...	3	1	...	1	1
Clots in the heart	...	...	...	...	...	...	...	...	...	...	...	3	2
Thrombus	2	·05	2	...	...	...	...	...	...	1	...	...	...
Angina pectoris	1	·05	...	1	...	...	...	...	...	...	...	1	...
Syncope	...	...	1	...	...	...	...	...	8	10	...	5	4
Disordered action of the heart	410	43·23	...	106	2	...	...	...	55	...	18	30	...
Arteritis	...	...	...	...	...	...	...	...	1	—	...	...	...
Endarteritis obliterans	...	...	...	...	...	...	...	...	...	...	...	2	2
Dilatation of the abdominal aorta	1	·13	...	...	...	...	...	...	1	...	...	...	...
Aneurysm of arteries	10	1·11	7	3	...	...	...	...	...	...	...	1	1
Traumatic aneurysm	1	·10	...	...	...	...	...	...	...	...	...	...	...

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Rupture of artery	2	·03	2	...	...	...	...	...	...	...	...	...	...
Thrombosis	2	·13	...	...	...	...	...	...	...	...	...	3	3
Embolism	2	·11	2	...	...	...	...	...	...	...	...	1	1
Raynaud's disease	1	·14	...	1	...	...	...	...	2	...	...	...	...
Phlebitis	33	3·05	1	5	1	...	...	...	9	...	1	7	...
Obstruction of the veins	2	·23	...	...	...	...	...	...	...	...	...	...	...
Thrombosis	22	1·93	...	6	1	...	...	...	2	...	...	...	...
Varix	59	3·62	...	16	4	...	...	...	19	...	17	1	...
Dilatation of capillaries	...	...	...	...	...	...	...	...	1	...	...	...	...
Croup	...	...	...	...	...	...	5	2	...	...	...	...	...
Laryngitis	38	2·22	...	2	3	...	11	6	124	...	4	22	3
Œdema of glottis	...	...	...	...	...	...	...	...	...	...	...	2	2
Aphonia	2	·18	...	2	...	...	...	...	1	...	1	...	...
Tracheitis	...	...	...	...	...	...	...	...	1	...	...	...	...
Bronchitis	1,424	70·89	...	15	29	...	320	16	2,731	33	37	2,446	44
Necrosis of cartilages of trachea	...	...	...	...	...	...	...	...	...	...	...	1	...
Dilatation of bronchi	...	...	...	...	...	...	...	...	2	2	...	5	...
Contraction ,,	...	...	...	...	...	...	...	...	...	...	...	1	1
Spasmodic asthma	17	1·24	...	5	2	...	2	...	216	1	32	934	10
Congestion of lungs	...	...	...	...	...	...	...	...	13	...	...	12	3
Hæmorrhage from lung	2	·12	...	...	...	...	...	...	...	...	...	...	...
Hæmoptysis	7	·33	...	...	...	...	...	...	12	...	...	43	2
Pulmonary apoplexy	1	·03	...	...	...	...	...	...	1	1	...	3	...
Œdema of lung	...	...	...	...	...	...	...	...	...	...	...	4	1
Pneumonia	340	29·34	44	4	6	3	27	11	2,097	480	4	1,551	364
Broncho-pneumonia	2	·09	1	...	...	...	9	3	38	15	...	34	3
Abscess of the lung	1	·19	1	...	...	...	...	...	1	...	...	3	3
Gangrene ,,	1	·13	1	...	...	...	...	...	...	...	...	9	7
Cirrhosis ,,	2	·19	...	1	...	...	...	...	5	...	1	3	2
Phthisis	16	1·93	...	3	2	...	...	...	17	1	4	8	2
Emphysema	2	·09	...	1	...	...	...	...	9	...	4	4	3
Pleurisy	94	7·49	...	4	10	1	...	...	296	6	4	220	19
Empyema	15	3·37	4	2	...	...	...	...	6	1	...	9	4
Adhesions, including thickening and calcification of pleura	1	·02	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the lips	...	...	...	...	...	...	...	...	5	...	...	2	...
Ulceration of the lips	...	...	...	...	...	...	...	...	2	...	...	2	...
Fissure ,, ,,	...	...	...	...	...	...	...	...	3	...	...	...	...
Stomatitis	15	·86	...	...	1	...	5	...	35	...	...	95	...
Vesicular stomatitis	...	...	...	...	...	...	...	...	2	...	...	...	...
Ulceration of the mouth	8	·47	...	...	...	...	...	...	14	...	...	34	...
Gangrene ,, ,,	...	...	...	...	...	...	1	1	...	...	...	7	2
Hypertrophy of the jaws	...	...	...	...	...	...	...	...	1	...	...	...	...
Disorders of dentition	1	·01	...	...	...	...	123	15	6	...	...	1	...
,, ,, with convulsions	...	...	...	...	...	...	3	5	...	...	...	...	...
,, ,, with diarrhœa	...	...	...	...	...	...	7	3	...	...	...	...	...
Caries of dentine	34	1·86	...	8	1	...	1	...	30	...	...	29	...
Necrosis of cementum	1	·07	...	1	...	...	...	...	...	...	...	...	...
Inflammation of the dental periosteum	124	4·15	...	...	3	...	1	...	14	...	...	2	...
Gum-boil	219	6·32	...	...	...	...	1	...	152	...	...	260	...
Inflammation of the periosteum and gums	5	·11	...	...	...	...	1	...	6	...	...	12	...
Suppuration of gums	4	·11	...	...	...	...	...	...	3	...	...	1	...
Ulceration of periosteum and alveoli	8	·26	...	...	...	...	...	...	4	...	...	64	2
Caries of alveoli	20	·87	...	3	...	...	...	...	4	...	...	3	...
Necrosis ,,	...	...	...	...	...	...	...	...	1	...	...	1	...
Atrophy ,,	...	...	...	...	...	...	...	...	2	...	1	...	...
Hypertrophy of gums	...	...	...	...	...	...	...	...	1	...	...	...	...
Retention of deciduous teeth	1	·05	...	...	...	...	4	...	...	...	...	...	...
Toothache	1	·01	...	...	...	...	...	...	4	...	...	3	...
Glossitis	4	·17	...	...	...	...	...	...	4	...	...	1	...
Abscess of the tongue	...	...	...	...	...	...	...	...	...	...	...	1	...
Ulceration ,,	...	...	...	...	...	...	...	...	6	...	...	8	...
Sore throat	1,288	38·79	1	...	17	...	37	...	221	...	...	158	...
Ulceration of the palate and fauces	...	...	...	...	...	...	...	...	...	...	...	2	...
Ulceration of tonsils	8	·20	...	...	...	...	...	...	4	...	...	...	...
Tonsillitis	84	1·86	...	...	...	...	4	...	60	...	...	30	...
,, follicular	777	27·02	...	...	11	...	36	...	184	...	...	64	...
Quinsy	149	4·99	...	...	1	...	2	...	14	...	...	58	...
Hypertrophy of tonsils	10	·55	...	...	...	...	1	...	...	...	...	14	...
Elongated uvula	...	...	...	...	...	...	...	...	2	...	...	4	...
Inflammation of the salivary glands	2	·11	...	...	...	...	...	...	13	...	...	7	1
Suppuration ,, ,, ,,	...	...	...	...	...	...	...	...	...	...	...	2	...
Salivation	...	...	...	...	...	...	...	...	2	...	...	1	...
Inflammation of the pharynx and œsophagus	1	·03	...	...	...	...	...	...	49	...	1	13	...
Post-pharyngeal abscess	...	...	...	...	...	...	...	...	1	...	...	1	...
Ulceration of the pharynx and œsophagus	...	...	...	...	...	...	...	...	3	...	...	...	...
Gastritis	52	3·18	...	1	10	...	13	2	44	5	...	79	2
Ulceration of the stomach	5	·38	1	1	1	...	...	...	3	1	...	5	3
Perforating ulcer of the stomach	...	...	...	...	...	...	...	...	...	...	...	2	2
Hæmorrhage from the stomach	1	·07	1	...	...	...	...	...	...	...	...	...	...
Hæmatemesis	2	·08	...	...	...	...	...	...	5	...	...	17	...
Dilatation of the stomach	1	·17	...	1	1	...	...	...	1	...	...	1	1
Dyspepsia	626	27·44	...	5	39	...	9	...	229	1	4	1,139	...
Vomiting	...	...	...	...	3	...	...	...	1	...	...	10	...
Gastralgia	1	·03	...	...	...	...	...	...	...	...	...	2	...
Heartburn	...	...	...	...	...	...	...	...	2	...	...	...	...
Loss of appetite	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the intestines	...	...	...	...	...	...	...	...	...	...	...	318	15
Enteritis	77	3·85	4	...	1	...	29	13	44	7	...	111	11
Typhlitis	70	8·19	2	5	...	...	...	...	56	1	...	11	1
Colitis	5	·50	1	...	...	...	...	...	8	...	...	1	1
Catarrhal inflammation of the intestines	57	1·86	...	...	1	...	13	1	102	3	...	...	...
Ulceration of the intestines	2	·06	1	...	...	...	...	...	1	...	...	6	6
Perforating ulceration of the intestines	...	...	...	...	...	...	...	...	...	...	...	2	2
Hæmorrhage from the intestines (including melæna)	1	·02	...	...	...	...	...	...	1	...	...	8	1
Fæcal accumulation in the intestines	7	·59	...	...	1	...	...	...	7	...	...	10	1
Tympanites	...	...	...	...	...	...	...	...	2	...	...	1	...
Sprue	7	·70	...	2	...	...	...	...	1	...	...	...	...
Hernia	99	8·18	...	27	3	...	3	...	53	...	27	44	1

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Volvulus	2	·09	1	...	...	...	1	1	1	1	...	3	1
Stricture of the intestine	4	·24	1	1	...	...	...	...	...	...	...	2	1
Obstruction of the intestine	...	·07	...	1	1	1	...	...	5	1	...	7	5
Intestinal dyspepsia	...	...	...	...	...	...	1	...	...	...	...	...	...
Constipation	34	1·41	...	...	14	...	5	...	27	...	...	106	...
Colic	351	9·72	...	...	5	...	5	...	264	1	...	547	...
Diarrhœa	1,199	40·56	...	6	38	1	215	29	915	16	2	5,518	144
Enteralgia	...	...	...	...	...	...	...	...	...	...	...	1	...
Proctitis	3	·24	...	...	...	...	...	...	1	...	...	3	...
Periproctitis	11	1·20	...	...	...	...	...	...	8	...	1	3	1
Abscess of the rectum and anus	7	·60	...	...	...	...	...	...	8	...	...	16	...
Ulceration ,, ,, ,,	5	·46	...	3	...	...	1	...	7	...	...	15	1
Fissure of the anus	14	1·22	...	...	...	...	...	...	19	...	...	3	...
Fistula in ano	32	2·61	...	1	...	...	...	...	53	...	2	62	...
Hæmorrhage from the rectum and anus	...	...	...	...	...	...	...	...	1	...	...	...	...
Prolapse of the rectum and anus	4	·52	...	...	1	...	...	...	7	1	1	16	...
Piles	363	18·55	...	4	6	...	...	...	210	...	19	441	1
Hepatitis	452	39·61	...	35	7	...	...	...	85	4	5	75	3
Abscess of the liver	153	21·10	85	34	2	2	...	...	7	5	...	15	13
Cirrhosis ,, ,,	22	2·59	...	7	1	1	...	...	12	1	2	35	26
Perihepatitis	5	·34	...	...	...	...	...	...	7	...	...	1	...
Congestion of the liver	694	42·45	...	27	10	1	3	...	66	2	1	69	...
Acute yellow atrophy of the liver	1	·03	1	...	...	...	...	...	1	1	...	...	...
Atrophy of the liver	1	·10	...	...	...	...	...	...	...	...	1	1	...
Hypertrophy of the liver	2	·05	...	...	...	...	...	...	2	...	...	5	...
Jaundice	285	15·93	...	1	2	...	3	1	170	...	1	259	3
Cholecystitis	54	2·77	1	...	...	...	...	...	6	...	...	4	...
Gall stones	...	...	...	...	...	...	...	...	2	...	...	...	...
Accumulation of bile or mucus	6	·39	...	...	...	...	...	...	...	...	...	1	...
Biliary colic	...	...	...	...	...	...	...	...	4	...	...	4	...
Plugging of hepatic ducts and gall bladder	...	...	...	...	...	...	...	...	1	...	...	...	...
Peritonitis	14	1·33	7	1	...	...	1	1	12	7	...	26	24
,, puerperal	...	...	...	...	1	...	...	...	...	...	...	...	...
Ascites	...	...	...	...	1	...	...	...	4	1	...	36	8
Splenitis	46	2·59	...	5	2	...	2	...	181	1	14	41	1
Perisplenitis	1	·19	...	...	...	...	...	...	1	...	...	...	...
Abscess of the spleen	10	·45	...	...	...	...	...	...	...	...	...	1	...
Congestion of the spleen	...	...	...	...	...	...	...	...	19	...	...	3	...
Lardaceous spleen	...	...	...	...	...	...	...	...	...	...	...	2	1
Hypertrophy of the spleen	3	·24	...	...	...	...	...	...	14	2	7	65	1
Embolism	1	·01	1	...	...	...	...	...	...	...	...	...	...
Inflammation of lymph-vessels and glands	1,524	183·00	...	16	4	...	12	...	382	...	4	254	...
Suppuration of lymph-vessels and glands	194	25·49	...	3	...	...	1	...	64	...	2	75	2
Hypertrophy of lymph-glands	1	·03	...	...	...	...	1	...	8	...	...	4	...
Inflammation of lymphatics	13	·62	...	1	...	...	...	...	20	...	...	9	...
Obstruction ,, ,,	...	...	...	...	...	...	...	...	2	...	...	...	...
Dilatation ,, ,,	...	...	...	...	...	...	...	...	...	...	...	3	...
Elephantiasis	...	...	...	...	...	...	...	...	1	...	1	13	...
Inflammation of the thyroid body	1	·98	...	...	...	...	...	...	1	...	...	...	...
Hypertrophy ,, ,,	...	...	...	...	...	...	...	...	1	...	...	...	...
Goitre	4	·37	...	...	2	...	...	...	14	...	...	6	...
Exophthalmic goitre	1	·17	...	...	...	...	...	...	...	...	...	...	...
Addison's disease	1	·01	1	...	...	...	...	...	...	...	...	...	...
Acute nephritis	23	3·24	4	6	3	...	1	...	16	2	...	26	3
Bright's disease	...	...	...	...	...	...	...	...	12	...	4	37	9
Chronic nephritis	25	3·36	3	14	4	1	...	...	6	...	...	33	10
Granular kidney	6	·47	3	3	...	...	...	...	2	...	...	19	13
Abscess of the kidney	...	...	...	...	...	...	...	...	1	...	...	3	2
Pyonephrosis	...	·16	1	...	...	...	...	...	...	...	...	...	...
Perinephritic abscess	2	·29	...	...	...	...	...	...	...	...	...	...	...
Pyelitis	1	·33	...	...	...	...	...	...	...	...	...	...	...
Hydronephrosis of kidney	1	·08	...	...	...	...	...	...	...	...	...	1	1
Movable kidney	...	...	...	...	1	...	...	...	1	...	...	...	...
Calculus in kidney	4	·67	...	1	...	...	...	...	17	...	...	5	1
,, in pelvis of kidney	3	·29	...	1	...	...	...	...	1	...	...	1	...
,, in ureter	...	...	...	...	...	...	...	...	13	...	...	3	...
Nephralgia	1	·01	...	...	...	...	...	...	6	...	...	13	...
Renal colic	...	...	...	...	...	...	...	...	2	...	...	...	...
Glycosuria	...	...	...	...	...	...	...	...	...	...	...	1	...
Suppression of urine	2	·03	2	...	...	...	...	...	1	...	...	1	...
Hæmaturia	12	·51	...	...	...	...	...	...	5	...	...	11	...
Hæmoglobinuria	3	·31	...	1	...	...	...	...	1	1	...	...	...
Chyluria	...	·10	...	...	...	...	...	...	...	...	...	2	...
Albuminuria	...	...	...	...	...	...	...	...	...	...	...	9	2
Lithuria	...	·01	...	...	...	...	...	...	4	...	...	4	...
Cystitis	36	3·07	...	2	1	...	...	...	24	2	...	23	3
Recto-vesical fistula	...	...	...	...	...	...	...	...	2	...	1	...	...
Calculus in the bladder	2	·17	...	...	...	...	...	...	11	1	...	8	...
Irritability of the bladder	4	·20	...	...	...	...	...	...	...	...	...	4	...
Retention of urine	3	·04	...	...	...	...	...	...	1	...	...	8	...
Incontinence of urine	33	2·50	...	1	...	...	...	...	1	...	...	3	...
Urethritis	5	·31	...	...	...	...	...	...	8	...	...	1	...
Gleet	...	...	...	...	...	...	...	...	...	...	...	5	...
Abscess of the urethra	...	...	...	...	...	...	...	...	1	...	...	...	...
Hæmorrhage from the urethra	...	·05	...	...	...	...	...	...	...	...	...	...	...
Stricture of urethra	2	·12	...	...	...	...	...	...	10	...	1	39	1
,, ,, organic	58	5·63	...	2	...	...	...	...	3	...	...	25	...
,, ,, traumatic	1	·16	...	...	...	...	...	...	...	...	...	...	...
,, ,, spasmodic	9	·41	...	...	...	...	...	...	3	...	...	1	...
Urethral fever	...	...	...	...	...	...	...	...	...	...	...	1	1
,, fistula	4	·22	...	...	...	...	...	...	5	...	1	3	...
Impacted calculus	...	...	...	...	...	...	...	...	1	1	...	5	...
Inflammation of the prostate	3	·13	...	...	...	...	...	...	...	...	...	1	...
Abscess ,,	...	...	...	...	...	...	...	...	1	...	...	2	2
Hypertrophy ,,	1	·08	...	1	...	...	...	...	2	1	...	1	...
Posthitis	1	·01	...	...	...	...	...	...	...	...	...	...	...
Œdema of the prepuce	...	...	...	...	...	...	...	...	...	...	...	1	...
Phimosis	18	·88	...	...	...	...	2	...	22	...	...	73	...
Paraphimosis	14	·89	...	...	...	...	...	...	7	...	...	10	...
Balanitis	162	6·83	...	...	...	...	...	...	4	...	...	6	...

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Abscess of the penis	...	·02	...	...	...	...	...	...	...	...	...	3	...
Ulcer ,, ,,	146	9·24	...	...	...	...	...	...	106	...	...	33	...
Œdema ,, ,,	1	·02	...	...	...	...	...	...	2	...	...	2	...
Soft chancre ,, ,,	4,270	324·14	1	1	...	...	...	...	516	1	...	102	...
Inflammation of the scrotum	...	...	...	...	...	...	...	...	2	...	...	...	...
Abscess ,, ,,	4	·36	...	...	...	...	...	...	2	...	...	10	...
Sloughing ,, ,,	...	...	...	...	...	...	...	...	1	...	...	4	2
Œdema ,, ,,	...	...	...	...	...	...	...	...	2	...	...	...	...
Soft chancre ,, ,,	1	·01	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the spermatic cord	1	·03	...	...	...	...	...	...	4	...	...	2	...
Hydrocele ,, ,,	2	·19	...	...	...	...	...	...	8	...	1	3	...
Hæmatocele ,, ,,	1	·02	...	...	...	...	...	...	1	...	1	6	...
Varicocele ,, ,,	33	3·10	...	3	...	...	...	...	9	...	2	1	...
Hydrocele of the tunica vaginalis	52	4·65	...	1	...	...	...	...	29	...	1	124	...
Orchitis	501	30·20	...	4	...	...	...	...	283	...	3	137	...
Epididymitis	11	·84	...	...	...	...	...	...	16	...	...	9	...
Abscess of the testicle	5	1·01	...	...	...	...	...	...	...	...	...	1	...
Protrusion of tubuli	1	·15	...	...	...	...	...	...	1	...	...	1	...
Spermatorrhœa	1	·03	...	...	...	...	...	...	1	...	...	1	...
Inflammation of the ovary	...	...	...	...	14	...	...	...	...	...	...	2	...
Prolapse ,,	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of Fallopian tube	...	...	...	...	4	...	...	...	...	...	...	...	...
Perimetritis	...	...	...	...	1	...	...	...	...	...	...	1	...
Parametritis	...	...	...	...	1	1	...	...	...	...	...	2	...
Metritis	...	...	...	...	16	...	...	...	...	...	...	3	...
Ulcer of the uterus	...	...	...	...	3	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus	...	...	...	...	4	...	...	...	...	...	...	1	1
Subinvolution of the uterus	...	...	...	...	2	...	...	...	...	...	...	...	...
Displacement and distortion of the uterus	...	...	...	...	...	...	...	...	...	...	...	1	...
Retroversion of the uterus	...	...	...	...	5	...	...	...	...	...	...	...	...
Retroflexion ,, ,,	...	...	...	...	4	...	...	...	...	...	...	...	...
Prolapsus ,, ,,	...	...	...	...	6	...	...	...	...	...	...	...	...
Stricture of the external os.	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vagina	...	...	....	...	3	...	2	...	...	...	...	1	...
Inflammation of the vulva	...	...	...	...	1	...	1	...	...	...	...	...	...
Abscess ,,	...	...	...	...	1	...	...	...	...	...	...	...	...
Amenorrhœa	...	...	...	...	3	...	...	...	...	...	...	1	...
Dysmenorrhœa	...	...	...	...	8	...	...	...	...	...	...	...	...
Menorrhagia	...	...	...	...	25	...	...	...	...	...	...	4	...
Metrorrhagia	...	...	...	...	8	...	...	...	...	...	...	3	...
Leucorrhœa	...	...	...	...	8	...	...	...	...	...	...	6	...
Dropsy of the amnion	...	...	...	...	...	...	...	...	...	...	...	1	...
Cramp and spurious labour pains	...	...	...	...	15	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus	...	...	...	...	16	...	...	...	...	...	...	1	...
Abortion	...	...	...	...	81	...	...	...	...	...	...	27	2
Atony of the uterus	...	...	...	...	1	...	...	...	...	...	...	3	...
Mechanical obstacle to the expulsion of the fœtus	...	...	...	...	2	1	...	...	...	...	...	...	...
Hæmorrhage	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage, unavoidable, from placenta prævia	...	...	...	...	2	...	...	...	...	...	...	...	...
Hæmorrhage, accidental, from detachment of placenta	...	...	...	...	1	...	...	...	...	...	...	...	...
Rupture and laceration of the uterus	...	...	...	...	...	...	...	...	...	...	...	2	...
Rupture and laceration of the perineum	...	...	...	...	2	...	...	...	...	...	...	...	...
Still-birth	...	...	...	...	2	...	...	...	...	...	...	...	...
Post-partum hæmorrhage	...	...	...	...	...	...	...	...	...	...	...	1	...
Retention of placental fragments	...	...	...	...	...	...	...	...	...	...	...	1	...
Metritis (716)	...	...	...	...	3	...	...	...	...	...	...	2	...
Abscess of the areola	...	...	...	...	4	...	...	...	...	...	...	...	...
Mastitis	...	...	...	...	6	...	...	...	...	...	...	1	...
,, puerperal	...	...	...	...	1	...	...	...	...	...	...	...	...
Suppuration of mammary gland	...	...	...	...	9	...	...	...	...	...	...	1	...
,, ,, puerperal	...	...	...	...	6	...	...	...	...	...	...	...	...
Inflammation of the male breast	6	·29	...	...	...	...	...	...	...	...	...	...	...
Hypertrophy	1	·01	...	...	...	...	...	...	...	...	...	...	...
Ostitis	9	·75	...	1	...	...	1	...	11	...	1	3	1
Periostitis	15	1·74	...	...	1	...	...	...	28	...	3	19	...
,, circumscribed	22	1·69	...	...	...	...	...	...	10	...	1	...	...
,, diffuse	8	1·06	...	3	...	...	...	...	14	...	...	...	...
Chronic abscess of bones	...	...	...	...	...	...	...	...	...	...	...	1	1
Caries of bones	4	·26	...	...	1	...	1	...	17	...	1	19	...
Necrosis ,,	11	1·38	...	4	...	...	...	...	18	...	5	18	...
Hypertrophy of bone	1	·03	...	...	...	...	...	...	...	...	...	...	...
Un-united fracture or false joint	...	...	...	...	...	...	...	...	1	...	1	...	...
Synovitis	461	36·72	...	21	...	...	4	...	463	...	15	157	4
Suppuration of joints	...	...	...	...	...	...	...	...	...	...	...	2	2
Ankylosis (749)	7	1·21	...	3	...	...	...	...	14	...	7	1	...
Dislocation of articular cartilage	27	2·19	...	3	...	...	...	...	1	...	...	...	...
Loose body	3	·38	...	1	...	...	...	...	...	...	...	...	...
Dislocation of joints	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the spine	1	·41	...	...	...	...	...	...	...	...	...	...	...
Caries ,,	...	·34	...	1	...	...	...	...	...	...	...	2	...
Psoas, lumbar, post-pharyngeal, abscesses	2	·13	...	...	...	...	...	...	4	...	...	1	...
Angular curvature of the spine	3	2·17	...	1	...	...	...	...	2	...	1	...	...
Lateral ,, ,,	...	·13	...	1	...	...	...	...	4	...	1	...	...
Inflammation of muscles	2	·10	...	...	...	...	...	...	1	...	...	...	...
Suppuration ,, ,,	3	·17	...	1	...	...	...	...	1	...	...	4	...
Atrophy of muscles	2	·25	...	2	...	...	...	...	3	...	1	...	...
Hypertrophy of muscles	...	...	...	...	...	...	...	...	...	...	...	1	...
Contracture ,,	1	·04	...	...	...	...	...	...	...	...	...	...	...
Idiopathic muscular atrophy	1	·13	...	1	...	...	...	...	1	...	7	1	...
Myalgia	105	4·97	...	1	2	...	...	...	284	...	17	143	...
Inflammation of fasciæ	1	·02	...	...	...	...	...	...	...	...	...	...	...
Contracture ,,	1	·13	...	1	...	...	...	...	...	...	...	...	...
Inflammation of tendons	...	...	...	...	...	...	...	...	2	...	...	5	...
Adhesion ,,	2	·18	...	2	...	...	...	...	1	...	...	...	...
Contraction ,,	24	1·63	...	1	...	...	...	...	2	...	...	...	...
Tenosynovitis	5	·34	...	...	...	...	...	...	5	...	...	...	...
Thecal abscess	...	...	...	...	...	...	...	...	...	...	...	13	...

TABLE LIII—*continued.*

DETAIL of DISEASES.

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
Ganglion	1	·11	...	...	...	...	1	...	7	...	...	1	...
Inflammation of bursæ	22	1·17	...	...	...	...	...	...	28	...	...	1	...
Abscess ,,	3	·10	...	...	...	...	1	...	...	...	...	...	...
Bunion	9	·33	...	1	...	...	...	...	2	...	...	...	...
Bursal cyst	2	·10	...	...	...	...	...	...	3	...	...	...	...
Bursal tumour	...	...	...	...	...	...	...	...	1	...	2	1	...
Club-foot	4	·11	...	...	...	...	2	...	...	...	...	...	...
Flat-foot	2	·23	...	4	...	...	...	...	5	...	2	...	...
Deformities of the great toe	3	·25	...	1	...	...	...	...	...	...	1	...	...
Hammer toe	22	1·99	...	1	...	...	...	...	...	...	...	...	...
Inflammation of the connective tissue	619	26·01	...	...	7	...	8	...	484	1	3	410	...
Abscess ,, ,,	940	45·00	...	6	12	...	22	...	1,799	4	6	3,875	4
Gangrene	...	...	...	...	...	...	...	...	2	1	1	8	1
Œdema of the connective tissue	1	·04	...	...	...	...	...	...	12	...	...	9	1
Elephantiasis ,, ,,	...	...	...	...	...	...	...	...	1	...	...	18	...
Emphysema	...	...	...	...	...	...	...	...	1	...	...	...	...
Undue formation of fat	...	...	...	...	...	...	...	...	4	...	4	...	...
Erythema	21	·64	...	...	1	...	2	...	16	...	...	3	...
Roseola	5	·20	...	...	1	...	...	...	...	...	...	2	...
Pityriasis rosea	...	...	...	...	...	...	...	...	...	...	...	1	...
Urticaria	36	1·09	...	...	1	...	4	...	90	...	...	99	...
Prickly heat	85	2·75	...	...	...	...	2	...	5	...	...	22	...
Eczema	517	21·67	...	1	3	...	47	...	580	...	4	339	...
Impetigo	25	1·09	...	...	...	...	5	...	28	...	...	21	...
Pityriasis rubra	...	...	...	...	...	...	...	...	4	...	1	...	...
Prurigo	1	·06	...	...	...	...	...	...	3	...	...	4	...
Lichen	5	·39	...	...	...	...	...	...	11	...	...	2	...
Psoriasis	31	2·47	...	...	...	...	1	...	22	...	1	27	...
Miliaria	...	...	...	...	...	...	...	...	2	...	...	1	...
Herpes	61	2·65	...	...	...	...	1	...	80	...	...	64	...
Zona	32	1·28	...	...	...	...	...	...	77	...	...	29	...
Pemphigus	107	5·88	...	...	...	...	2	...	9	...	...	6	1
Dermatitis herpetiformis	...	...	...	...	...	...	...	...	1	...	...	1	...
Acne	11	·60	...	...	...	...	...	...	5	...	...	9	...
Gutta rosea	4	·19	...	...	...	...	...	...	...	...	...	...	...
Sycosis	10	·58	...	...	...	...	...	...	10	...	...	1	...
Seborrhœa	...	...	...	...	...	...	...	...	3	...	...	...	...
Ichthyosis	...	...	...	...	...	...	...	...	2	...	...	...	...
Sclerodermia	...	...	...	...	...	...	...	...	2	...	...	2	...
Leucodermia	...	...	...	...	...	...	...	...	3	...	1	1	...
Melasma	...	...	...	...	...	...	...	...	...	...	...	1	...
Chloasma	...	...	...	...	...	...	...	...	...	...	...	1	...
Alopecia	1	·09	...	...	...	...	...	...	...	...	...	1	...
Area	1	·04	...	...	...	...	...	...	...	...	...	...	...
Chilblain	...	...	...	...	...	...	...	...	3	...	...	...	...
Frostbite	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulcer	639	35·17	...	3	5	...	6	...	3,465	...	3	3,056	...
Cicatrices	1	·15	...	1	...	...	...	...	1	...	1	1	...
Boil	1,553	52·39	...	...	7	...	34	...	2,876	...	...	1,832	...
Carbuncle	13	·61	...	...	1	...	...	...	63	2	...	226	5
Gangrene	...	...	...	...	...	...	...	...	...	...	...	1	...
Whitlow	287	10·19	...	...	2	...	2	...	471	...	...	402	...
Onychia	258	12·48	...	...	1	...	...	...	31	...	...	23	...
Corn	40	2·70	...	...	...	...	...	...	16	...	...	3	...
Ainhum	...	...	...	...	...	...	...	...	...	...	...	1	...
Cheloid	...	·02	...	...	...	...	...	...	1	...	...	1	...
Wen	43	2·19	...	...	...	...	...	...	16	...	...	8	...
Adenoma sebaceum	...	...	...	...	...	...	...	...	1	...	...	...	...
Molluscum contagiosum	1	·03	...	...	...	...	...	...	1	...	...	...	...
Hyperidrosis	11	·24	...	...	...	...	...	...	4	...	1	...	...
Pruritus	...	...	...	...	...	...	...	...	1	...	...	...	...
Lupus	9	1·06	...	1	...	...	...	...	3	...	...	1	...
Delhi boil	6	·59	...	1	...	...	...	...	13	...	...	...	...
Mycosis fungoides	...	...	...	...	...	...	...	...	1	...	...	...	...
Rhinoscleroma	...	...	...	...	...	...	...	...	...	...	...	2	...
ACCIDENTAL :—													
Heat-stroke	108	4·27	15	1	1	1	1	1	10	3	...	17	2
Sun-stroke	25	1·38	1	1	...	...	2	1	15	3	...	39	8
Heat-apoplexy	91	4·33	18	2	1	...	1	1	10	5	...	31	16
Effects of chemical irritants and corrosives	3	·08	...	...	...	...	...	...	1	...	...	...	...
Lightning stroke	1	·02	2	...	...	...	...	...	1	...	...	1	2
Multiple injury	12	1·81	5	3	...	...	...	...	2	1	...	27	1
Suffocation from submersion	1	·01	13	...	...	1	...	...	...	2	...	...	...
Starvation	...	...	...	...	...	...	...	...	...	...	...	2	...
Exhaustion	...	...	...	...	...	...	...	...	...	...	...	1	...
Shock	1	·03	...	...	...	...	...	...	...	2	...	1	...
Burns and scalds (general and local)	50	2·61	...	...	1	...	11	3	281	1	...	256	1
Frost-bite	...	...	...	...	...	...	...	...	1	...	...	...	...
Abrasions	693	21·38	...	...	2	...	1	...	1,720	...	...	95	...
Contusions	1,774	70·23	...	7	4	...	15	...	2,677	...	2	1,291	1
Wounds	1,805	76·45	1	8	3	...	20	...	2,788	1	7	3,401	4
Gunshot wounds	44	4·49	1	9	...	...	...	...	75	2	34	3	...
Strains and sprains	1,977	78·53	...	10	1	...	7	...	1,290	...	7	233	...
Dislocation of spine	1	·09	2	...	...	...	...	...	...	...	...	...	...
,, of other bones	75	5·61	...	3	...	...	3	...	99	...	9	47	...
Rupture of muscles, tendons, and ligaments	10	1·35	...	1	...	...	...	...	2	...	1	...	...
Fracture of the vault of the skull	6	·28	2	...	...	...	...	...	8	4	...	2	3
,, of the base of the skull	8	1·02	8	...	...	...	...	...	5	6	...	4	6
,, of the spine	1	·13	1	1	...	...	...	...	1	...	...	...	...
,, of other bones	332	36·26	...	22	2	...	11	...	344	...	12	419	7
Foreign bodies in tissues and organs	7	·20	...	...	...	...	...	...	21	...	...	27	...
Effects of irritants and corrosives	3	·28	...	...	...	...	...	...	4	...	...	6	...
Compression of nerves	2	·13	...	...	...	...	...	...	1	...	1	...	...
Fracture of vault of skull with depression	...	...	1	...	...	...	...	...	...	...	...	...	...
Gunshot wound of skull with laceration of membranes of brain	...	...	1	...	...	...	...	...	...	...	...	...	...
Concussion of the brain	25	1·54	1	1	2	...	...	...	48	2	1	5	1

Diseases.	European Army of India.								Native Army of India.			Jail Population of India.	
	Men.				Women.		Children.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
ACCIDENTAL—*contd.*													
Compression of the brain	...	...	...	...	...	...	...	...	...	1	...	3	2
Injuries of the alveoli and teeth	...	...	...	...	...	...	...	...	...	...	1	...	...
Chemical injuries of the eye	...	...	...	...	...	...	...	...	1	...	...	...	...
Contusion of the eyeball with dislocation of lens	...	...	...	...	...	...	...	...	1	...	...	...	...
Contusion of the eyeball with hæmorrhage	1	·08	...	...	...	...	...	...	1	...	...	...	...
Wound of the eyeball with injury of iris	1	·22	...	...	...	...	...	...	...	...	...	...	...
Hæmatoma of pinna	...	...	...	...	...	...	...	...	...	...	...	1	...
Rupture of membrana tympani	1	·06	...	...	...	...	...	...	1	...	...	1	...
Rupture of heart	1	·01	1	...	...	...	...	...	...	...	...	...	...
Simple fracture of 7th cervical vertebra with injury of spinal cord	1	·05	1	...	...	...	...	...	...	...	...	...	...
Dislocation of spine with fracture	2	·02	2	...	...	...	...	...	...	...	...	...	...
Contusion of the spinal cord	3	·58	...	...	...	...	...	...	1	...	...	2	...
Compression ,, ,,	...	...	...	...	...	...	...	...	1	...	...	...	...
Contusion of abdomen with rupture of muscle	...	...	...	1	...	...	...	...	...	...	...	...	...
Contusion of abdomen with rupture of viscera	...	·07	...	...	...	...	...	...	1	1	...	...	...
Rupture of viscera	2	·06	2	...	...	...	...	...	1	...	...	...	...
,, of intestine	1	·04	1	...	...	...	...	...	...	...	...	...	...
,, of liver	1	...	1	...	...	...	...	...	...	...	...	...	...
,, of spleen	...	...	...	...	...	...	...	...	...	1	...	2	2
,, of kidney	2	·11	...	1	...	...	...	...	...	...	...	1	1
Foreign bodies in the alimentary canal	...	...	...	...	...	...	2	...	...	...	...	1	...
Rupture and laceration of the urethra	3	·14	...	...	...	...	...	...	1	...	...	...	...
Laceration of the urethra with extravasation of urine	...	·12	...	1	...	...	...	...	...	...	...	...	...
Mutilation of the genitals	...	...	...	...	...	...	...	...	1	...	...	...	...
Green stick fracture	...	...	...	...	...	...	2	...	...	...	...	...	...
Internal derangement of joints	2	·11	...	...	...	...	...	...	...	...	1	...	...
Dislocation of the fibula and foot with fracture	1	·29	...	...	...	...	...	...	...	...	...	...	...
Killed by fall of earth	...	...	...	...	...	...	...	...	...	...	...	...	2
Not defined	...	...	...	...	...	...	...	...	...	...	...	...	1
POISON :—													
,, arsenic	...	...	...	...	...	...	...	...	...	...	...	...	1
,, copper	...	...	...	...	...	...	...	...	...	...	...	6	...
,, mercury	...	...	...	...	...	...	...	...	2	1	...	3	...
,, lime	...	...	...	...	...	...	...	...	...	...	...	2	...
,, alcohol	1	...	3	...	...	...	...	...	...	1	...	...	...
,, euphorbium	...	...	...	...	...	...	...	...	1	...	...	...	...
,, Indian hemp	...	...	...	...	...	...	...	...	11	1	...	1	1
,, lathyrus	...	...	...	...	...	...	...	...	...	...	...	3	...
,, aconitine	...	...	...	...	...	...	...	...	...	...	...	2	...
,, opium	...	...	...	...	...	...	1	1	3	1	...	3	...
,, kodra	...	...	...	...	...	...	...	...	1	...	...	...	...
,, thorn apple	...	...	...	...	...	...	...	...	...	...	...	2	...
,, tobacco	1	·09	...	...	...	...	...	...	...	...	...	...	...
,, ptomaines	7	·23	...	...	...	...	...	...	...	...	...	...	...
,, cow's heel	1	...	...	...	...	...	...	...	...	...	...	...	...
,, tinned sardines	1	·01	...	...	...	...	...	...	...	...	...	...	...
,, cantharides	...	...	...	...	...	...	...	...	...	...	...	3	...
,, chloroform vapour	2	·01	2	...	...	...	...	...	...	...	...	...	...
,, Irritant drugs, Carter's Little Liver Pills	1	·04	1	...	...	...	...	...	...	...	...	...	...
,, vegetable, not defined	...	...	...	...	...	...	...	...	...	...	...	2	...
POISONED WOUNDS :—													
Poisoned wound, not defined	2	·04	...	...	...	...	...	...	...	...	...	1	...
,, ,, by snakes	2	·04	...	...	...	...	...	...	11	4	...	20	...
,, ,, ,, scorpions	2	·02	...	...	...	...	...	...	1	...	...	...	...
,, ,, ,, centipedes	1	·01	...	...	...	...	...	...	...	...	...	44	...
,, ,, ,, stinging insects	2	·07	...	...	...	...	...	...	5	...	...	...	...
,, ,, ,, rats	...	...	...	...	...	...	...	...	2	...	...	...	...
,, ,, ,, dogs	9	·07	...	11	...	...	1	...	4	...	...	2	...
,, ,, ,, bandicoot	...	...	...	...	...	...	...	...	1	...	...	...	...
,, ,, ,, dead animal matter	1	·01	...	...	...	...	...	...	2	...	...	...	...
,, ,, ,, septic matters	1	·04	...	...	...	...	...	...	5	...	...	1	...
,, ,, ,, morbid secretions	1	·03	...	...	...	...	...	...	...	...	...	...	...
,, ,, ,, vegetable substances	5	·18	...	...	...	...	...	...	...	...	...	...	...
,, ,, ,, subcutaneous injection (plague inoculation)	...	·12	...	1	...	...	...	...	1	...	...	...	...
HOMICIDAL :—													
Hanging	...	...	1	...	...	...	...	...	...	...	...	...	...
Wound	1	...	1	...	...	...	...	...	...	...	...	...	1
Gunshot wound	...	...	3	...	...	...	...	...	3	12	...	...	...
Compression of the brain	1	...	1	...	...	...	...	...	...	...	...	...	...
Fracture of the vault of the skull	...	...	...	...	...	...	...	...	...	1	...	1	1
Not defined	...	...	...	...	...	...	...	...	...	...	...	...	8

TABLE LIII—*concluded.*

DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admissions.	Constantly sick.	Deaths.	Invaliding.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Invaliding.	Admissions.	Deaths.
SUICIDAL :—													
Burning	...	...	...	...	...	...	...	...	...	...	...	1	1
Drowning	...	...	1	...	...	...	...	...	...	...	...	...	1
Hanging	...	...	1	...	...	...	...	...	...	1	...	...	8
Cut-throat	3	...	5	...	...	...	...	...	...	...	...	4	2
Gunshot wound	3	...	14	...	...	...	...	...	2	7	...	...	...
Fracture of the vault of the skull	...	...	1	...	...	...	...	...	...	...	...	1	1
Shock	...	...	1	...	...	...	...	...	...	...	...	...	...
Not defined	...	...	...	...	...	....	...	...	...	...	...	...	1
JUDICIAL :—													
Hanging	...	...	...	...	...	...	...	...	...	...	...	...	8
Punished	...	...	...	...	...	...	...	...	...	...	...	40	...
IN ACTION :—													
Gunshot wound	...	...	...	...	...	...	...	...	75	3	2	...	...
Killed	...	...	...	...	...	...	...	...	...	4	...	...	...
NOT DEFINED :—													
Hanging	...	...	...	...	...	...	...	...	...	1	...	...	...
Gunshot wound	...	...	...	...	...	...	...	...	3	3	...	...	...
Cut-throat	...	...	...	...	...	...	...	...	...	...	...	21	...
Compression of spinal cord	...	...	...	...	...	...	...	...	...	...	...	1	1
No appreciable disease	141	6·19	...	...	...	...	2	...	43	...	1	25	...
Not yet diagnosed	...	...	...	...	...	...	...	...	1	...	...	59	...
Cause unknown	...	...	...	...	...	...	...	1	...	7	...	...	...
Absent deaths	...	...	...	...	...	...	...	...	...	489	...	...	...
Details not available	...	12·76	...	...	...	...	...	...	...	...	...	...	...
GRAND TOTAL	77,765	4,942·13	863	2,142*	2,073	45	2,899	226	90,179†	1,856	1,618	101,049	2,626

* Bengal Command . 760=35·72 per 1,000 of strength.
Punjab ,, . 432=23·89 ,, ,, ,, ,,
Madras ,, . 499=38·75 ,, ,, ,, ,,
Bombay ,, . 451=29·17 ,, ,, ,, ,,
India . . . 2,142=31·64 ,, ,, ,, ,,

† The figures, having been derived from the annual returns, do not agree with those in Table XXIX.

DISEASES.	NATIVE TROOPS ON FIELD SERVICE. AVERAGE ANNUAL STRENGTH . . 237		DISEASES.	NATIVE TROOPS ON FIELD SERVICE. AVERAGE ANNUAL STRENGTH . . 237	
	Admissions.	Deaths.		Admissions.	Deaths.
Mumps	1	...	Tonsillitis	1	...
Dysentery	19	...	Typhlitis	1	...
Ague	75	...	Hepatitis	1	...
Remittent fever	18	4	Jaundice	2	...
Secondary syphilis	5	...	Splenitis	2	...
Gonorrhœa	6	...	Inflammation of the connective tissue	5	...
Scabies	1	...	Abscess ,, ,, ,,	7	...
Scurvy	1	...	Eczema	1	...
Rheumatic fever	1	...	Herpes	1	...
Rheumatism	2	...	Ulcer	36	...
Anæmia	1	...	Boil	2	...
Debility	2	...	Carbuncle	1	...
Epilepsy	2	...			
Conjunctivitis	1	...	Accidental—		
Inflammation of the external ear	2	...	Wound	5	...
Laryngitis	3	1	Sprain	2	...
Bronchitis	6	...	Poison, Indian hemp	1	1
Pneumonia	4	1			
Phthisis	...	1	TOTAL	218	8

G. I. C. P. O —No. 4 S. C.—29-11-1900.—950.

ANNUAL REPORT

OF THE

SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA,

1899,

WITH

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